

BODI BARR

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MASSAGE THERAPY CONSENT FORM

NAME: _____ DATE _____

I understand that the massage given to me at Bodi Barr is for the purpose of (stress reduction, pain reduction, relief from muscle tension, increasing circulation, or specific reasons stated here).

I understand that the massage therapist does not diagnose illness or disease and does not prescribe medical treatment or pharmaceuticals, nor are spinal manipulations part of massage therapy.

I understand that massage therapy is not a substitute for medical care and that it is recommended that I work with my primary caregiver for any condition I may have.

I have stated all my known physical conditions and medications, and I will keep the massage therapist updated on any changes.

_____ (initial) I am NOT TAKING ANY blood thinning medication (must be initialed before treatment)

Client Signature: _____ Date: _____

Massage Therapist Signature: _____