



Medicinal Aromatherapy and Massage

Amy Isakov, NCTMB

Informed Consent

I, _____ hereby voluntarily consent to be treated by Amy Isakov with Massage and Aromatherapy, which may include nutrition and lifestyle counseling.

I understand that massage therapy is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, improve circulation and offer a positive experience of touch.

I understand that all of my patient records as well as information I share with my massage therapist will be kept confidential. No records or information will be released without my written consent.

I have informed the massage therapist of all my known physical conditions, medical conditions and medications, and I will keep the massage therapist updated of any changes.

I understand that I should inform my massage therapist prior to being treated if I believe I might be pregnant.

I understand I will be charged the full fee for appointments cancelled with less than 12 hours notice.

I have carefully read and understand all the foregoing and so am fully aware of what I am signing. I have felt free to ask any questions.

Print name of patient

Date

Signed by patient or guardian

Date