

**Massage Therapy at Nova Spinal Care  
Informed Consent**

I hereby request and consent to the performance of Massage therapy and what that all includes in the Massage Therapists scope of practice.

I have been given an opportunity to ask any questions in regards to the Massage therapy treatment.

I may refuse, alter, or rescind consent at any time of the treatment; as well my Massage therapist may refuse to treat me.

I understand and am informed that in the practice of Massage Therapy, as in all health care, there are some very slight risks to the procedures, including, but not limited to, bruising and delayed muscle soreness.

I acknowledge my response to care involves my participation in the process and proper lifestyle modifications. Failure to comply with the recommendations provided to me may compromise my recovery and may adversely affect my health.

I also acknowledge that I will give **24 hour notification** on any appointment that needs to be cancelled or rebooked. If 24 hour notice is not received then I accept the responsibility of paying the full charges for that visit. \_\_\_\_\_ Initial

I have read the above consent, I have also had an opportunity to ask questions about its, content, and by signing below, I agree to the above named Massage Therapy and guidelines. I intend this consent form to cover my entire course of care at this clinic.

**To be completed by individual seeking Massage Therapy:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_