



## Massage Therapy Services

This document contains important information about Triumph Physical Therapy & Wellness Center services and policies. Please read it carefully and be sure to ask any questions you may have. When you sign this document, it will represent an agreement between us and you will be confirming that (i) you read this agreement in its entirety, (ii) you understood the agreement in its entirety and (iii) you had ample opportunity to ask any questions and received satisfactory responses to same.

I have chosen to consult with and hereby give consent for massage therapy to be provided by Triumph Physical Therapy & Wellness Center Licensed Massage Therapist who I understand is a member of the Texas Board of Massage and Bodywork Therapy.

I have provided a detailed medical history. I do not expect the therapist to have foreseen any previous or pre-existing condition that I have not mentioned.

I understand that massage may provide benefits for certain conditions, but results are not guaranteed. These benefits may include relief of muscular tension, relaxation, reduction in the symptoms of stress-related conditions and provision of general wellbeing.

I also understand that massage therapy may produce side effects such as muscle soreness, mild bruising, increased awareness of areas of pain and light-headedness amongst other possible temporary outcomes.

I am aware that the therapist does not diagnose illnesses, prescribe medications nor physically manipulate the spine or its immediate articulations.

The therapist understands that I have the right to question procedures used and to receive an explanation of any procedures that the therapist performs.

I will tell the therapist about any discomfort I may experience during the therapy session and understand that the therapy will be adjusted accordingly.

I have had ample opportunity to discuss with the massage therapist my diagnosis, condition or potential diagnosis and the nature and purpose of the recommended treatment. The massage therapist has also discussed with me the anticipated benefits of the treatment as well as the potential risks, complications and side effects of treatment. The massage therapist has also discussed reasonable alternative treatments with me and the potential outcome if I elect to forgo any treatment at all.

\_\_\_\_\_  
Signature of Patient / Representative

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Description of Personal Representative's Authority: \_\_\_\_\_