

Informed Consent Form

- I understand that the massage provided by Kevin Mefford is for the purpose of well-being (stress reduction, pain reduction, relief from muscle tension, increasing circulation, or specific reasons stated here).
- I understand that the massage therapist (Kevin Mefford) does not diagnose illness or disease and does not prescribe medical treatment or pharmaceuticals, nor are spinal manipulations part of the treatment.
- 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.
- Because massage/bodywork should not be done under certain medical conditions, I affirm that I have stated all my known physical conditions and medications, and I will keep the massage therapist (Kevin Mefford) updated on any changes.
- I understand that it is my responsibility to inform my massage therapist (Kevin Mefford) of any discomfort I may feel during the massage/bodywork session so he may adjust accordingly.

Cancelations and Late Arrivals

- I understand it is the responsibility of the client to be on time and if I arrive late to the session, I will receive service for the remaining scheduled time only.
- I agree to provide a 24-hour cancelation notice and understand that I must immediately reschedule.
- I understand that my massage therapist may terminate the session at any time.

- *By signing this form I agree to all of the above terms.*

Name: _____ DOB: _____ Date: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Have you experienced any accidents, injuries, or illnesses within the last 3 months? If so, explain please:

Are you currently taking any medications? (prescription/over the counter): _____

Are there particular areas you would like me to focus on or be aware of?: _____

Client Signature: _____ Date: _____