

# CLARENDON MASSAGE THERAPY CENTER

## Informed Consent Agreement

I understand that the massage given to me by George Rovder, CMT, is non-sexual in nature, and is being requested by me for the purpose of (underline all those that apply):

- stress reduction,
- pain reduction,
- relief from muscle tension,
- increasing circulation,
- 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date