

Client Informed Consent

I, _____, have been given a copy of an informational sheet with guidelines for receiving therapeutic massage by Jennifer J. Casey, MA, ND, LMT and/or her licensed associates. I have read these guidelines and certify that I understand them and will abide by them. I am aware that I may request further informational materials about receiving therapeutic massage.

I understand that Jennifer J. Casey, MA, ND, LMT and/or her licensed associates may perform assessments and/or make informal recommendations based upon personal knowledge, education, or experience. I understand that neither Jennifer J. Casey, MA, ND, LMT or her licensed associates are diagnosing illness or disease, performing spinal manipulation or acupuncture, or prescribing in any way.

I understand that Jennifer J. Casey, MA, ND, LMT is a nationally certified, licensed massage therapist specializing in therapeutic massage. I understand that Jennifer J. Casey, MA, ND, LMT is *not* in any way practicing, nor representing herself to be practicing, as a physician or any other type of licensed practitioner. I understand and acknowledge that nothing Jennifer J. Casey, MA, ND, LMT and/or her licensed associates says or does during any session should be construed as such.

I understand that the massage/bodywork I receive is for the purpose of stress reduction and relief from muscular tension, spasm, or pain, as well as to increase circulation. If I should experience any pain or discomfort, I agree to immediately notify the massage therapist so that the pressure or methods can be adjusted to my comfort level.

I understand that therapeutic deep tissue work may be performed by Jennifer J. Casey, MA, ND, LMT and/or her licensed associates in the course of my therapy. I am aware that I can expect therapeutic bodywork to potentially lead to muscle tenderness for up to approximately 90 hours after a session. I understand muscle soreness or tenderness after the first few sessions is typical and to be expected as toxins are released from the tissue. I understand that I can also expect such symptoms to become less and less of an issue with each subsequent session; and that it may take a number of sessions to begin to produce a noticeable therapeutic result. I understand that it is difficult to predict results and outcomes as these can vary widely from individual to individual.

I am aware that I should drink 64 ounces of water or more to “flush out” my system following such sessions, and that it is recommended that I abstain from alcohol before or after sessions. I am aware that deep tissue massage can, in effect, produce an artificial and temporary inflammatory response in the areas treated, and that home application of ice or hot/cold hydrotherapy over these areas can help prevent soreness. Natural anti-inflammatory supplements, such as vitamin C may also help to lessen soreness.

I agree that I will notify Jennifer J. Casey, MA, ND, LMT if my discomfort level is intense or lasts longer than 48-60 hours after treatment. I agree that I will also advise Jennifer J. Casey, MA, ND, LMT and/or her licensed associates if I am still sore from treatment to any area at the time of my next session so that work to that area may be deferred.

I acknowledge that massage is not a substitute for medical examination, diagnosis, or treatment and that I should see an appropriately licensed health care provider for those services. I am aware that the increase in circulation produced by massage can produce an influence on prescription medications I am taking. I agree to advise my primary care health provider that I am receiving massage therapy that can increase my circulation so that he or she can adjust dosage levels of my medication if he or she deems it appropriate.

Because massage/bodywork should not be performed under certain circumstances, I agree to keep Jennifer J. Casey, MA, ND, LMT and/or her licensed associates updated as to any changes in my health profile. I release Jennifer J. Casey, MA, ND, LMT and/or her licensed associates from any liability in the event I should fail to notify her of problems related to my therapy or contraindicating health conditions.

I warrant that I have not been legally adjudged as incompetent. I understand that it is my right to choose the provider and determine the extent and nature of my health care. I realize that I may refuse treatment and withdraw my consent for treatment at any time. I further acknowledge that no guarantees have been made or can be made regarding the likelihood of success of any assessment or form of treatment performed by Jennifer J. Casey, MA, ND, LMT and/or her licensed associates.

Client's signature: _____ Date: _____

Consent to treat a minor/dependent:

By my signature I authorize Jennifer J. Casey, MA, ND, LMT and/or her licensed associates to provide massage/bodywork to, _____, my child or dependent.

Signature of Parent or Guardian _____ Date: _____