Lisa Carlson's Radiant Health Therapies, LLC

Office located at
15 Tanguay Avenue, Suite #114
Nashua, NH, 03063
603-546-8742

INFORMED CONSENT FORM

- I understand that massage therapy includes the assessment and treatment of the soft tissues and joints of the body, using soft tissue manipulation, joint mobilization and hydrotherapy, for the purpose of stress reduction, relief from muscle tension, dysfunction and pain, restoring health and well-being. I understand that some superficial bruising and muscle soreness may occur after a massage session. I agree to not hold the massage therapist liable for these injuries that may occur.
- I understand that massage therapy is a close contact modality for an extended length of time and it is important for me to be informed of the increased risk of disease transmission/infection, including COVID-19, especially if you are in the higher risk category. **Having a contagious condition/illness/disease is contraindicated for massage.**
- I am aware of the benefits and risks of massage and give my consent for massage.
- I understand that massage therapy is not a substitute for medical care or diagnosis.
- I have stated all medical conditions that I am aware of and am responsible for informing my therapist of any changes in my health status.
- **I have clearance from my physician to receive massage therapy.**
- I understand that privacy will be assured and that draping will be used by the therapist, as required, to expose only those parts of my body that require treatment. **The therapist may refuse to treat any client or part of their body with just and reasonable cause.**
- I acknowledge that I will communicate with my therapist during treatment to ensure my comfort level. **I acknowledge that I have the right to request an immediate stop to the session or request modifications to the treatment.**
- I acknowledge that my information is private. No information about the client will be discussed or shared with any third party without written consent of the client or parent/guardian if the client is under 18.
- I agree to be responsible for payment of all services. I will notify my practitioner 24 hours in advance to cancel/reschedule an appointment, otherwise agree to pay in full for the time reserved for me.
- Promptness is expected for all appointments. In the event of lateness, the massage may be cut short due to other commitments of the therapist. Fees will be maintained per the schedule.

I have read and understood the information above. I confirm my consent to treatment and intend this consent to cover the treatment discussed with me and such additional treatment as proposed by my therapist from time to time, to deal with my physical condition and for which I have sought treatment.

Client (Parent/Guardian) Signature: _____ Date: _____