



MASTERFUL TOUCH MASSAGE

Client Agreement;

I, _____ understand that the massage therapy given to me by _____ is for the purpose of stress reduction, relief from muscle tension, increasing circulation, or specific reasons noted here: _____

I understand that massage therapy does not diagnose illness or disease, or any other disorder, and that the massage therapist does not prescribe medical treatment or pharmaceuticals, nor are spinal manipulations part of massage therapy.

I understand that therapy is not a substitute for medical examinations or medical care, and that it is recommended that I am currently working with my primary caregiver for any condition that I may have.

I have stated all of my known physical conditions, medical conditions, and medications, and I will keep the massage therapist updated on any changes.

Signature _____ Date _____