

INFORMED CONSENT FOR MASSAGE

Angelical Touch Massage Therapy

Angel Rivera, Licensed Massage and Bodywork Therapist, LMBT, NC #7517
100 Cornerstone Dr, Cary, NC 27519
Cellular Phone: 919-744-8081

I, _____ ,
am voluntarily wishing to experience a session of therapeutic massage by Angel Rivera.

I am seeking therapeutic massage of my own accord for the purposes that massage is intended, such as relaxation, mental wellness, relief of tension of sore muscles, improved circulation and/or range of motion.

If for any reason I feel uncomfortable during the massage, I will ask the therapist to cease the massage, and he will end the session immediately.

If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort.

Disclaimers

I understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I also understand that the therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such.

I understand that any illicit or sexually suggestive remarks or advances made to me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

If a cancelation is necessary, appointments must be canceled at least 24 hours in advance, otherwise half payment for the missed appointment will be expected before the next appointment.

Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, including any communicable disease, that I have disclosed all medications that I am currently taking, and that I answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.

Signature: _____ Date: _____

Consent to Treatment of Minor:

By my signature below, I hereby authorize Angel Rivera to administer massage, bodywork, or somatic therapy techniques to my child or dependent as they deem necessary.

Signature of Parent or Guardian: _____ Date: _____

Name of Parent or Guardian: _____

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Overview of benefits and possible side-effects:

During a massage session the therapist may use different techniques, such as from the relaxing Swedish massage, the restorative Deep Tissue Massage, Myofascial Release, Lymphatic Drainage, and the subtle but powerful energetic modalities of Reiki and basic Shiatsu.

The contraindications for massage (when a massage should not be given, at least on the affected area) are: abnormal body temperature, acute infectious disease, inflammation, osteoporosis, varicose veins, blood clots, edema, untreated high blood pressure, untreated cancer, intoxication, skin problems, hernia, and some other diseases.

Some temporary side effects of massage therapy may include:

- Stiffness, pain, discomfort, swelling, and/or soreness.
- A sensitivity or allergy to massage oils.
- Headaches (especially if not drinking enough water after a massage)
- Flu like symptoms (especially after lymphatic drainage, when metabolic waste is flushed out).
- Pain or discomfort in another area of the body (sometimes by relieving the pain in the primary area, a secondary area may be getting more attention).

After the massage, it is recommended to drink more water than usual, in order to help keep the muscles and the connective tissue properly hydrated.

Scope, Draping and Sensitive Areas

The therapist will be working on the following areas of my body (except for those areas indicated in the "Confidential Client Information and Health History"): head, neck, shoulders, back, abdomen, arms, hands, legs and feet.

I understand that the therapist does routine work on the chest muscles near the draped breasts. If I feel that this area is too personal for body work, I will voice my concerns.

The breasts (in females), the pubic area, the genitals and the gluteal cleft are covered and are not massaged.

If I am female, I understand that breasts may be treated after we discuss the objectives (recovery from surgery, scar improvement or holistic breast massage) and appropriate techniques and I complete a separate consent form.

Appropriate draping will be used during each session. If I get too cool or warm, I will let my therapist know and he will adjust the draping and room temperature accordingly.

Before the massage, the therapist will ask me to remove clothing to my level of comfort. The therapist will leave the room while I undress and remove any jewelry or other articles that might interfere with the massage. I will take off only as much as I am comfortable removing. I understand that massage will be most effective when the massage therapist can touch my skin in areas that will be massaged.

After the massage, the massage therapist will allow me to slowly get up and get dressed in privacy.