

**Affinity Health Clinic**  
**Informed Consent for Massage Therapy**  
**Amy Ilton, RMT • Stacy Jantzi, RMT • Allie Kolapak, RMT**

Massage Therapy has been demonstrated to be a highly effective treatment for pain, discomfort, headaches and other conditions that impact the quality of our lives. Massage has been shown to contribute to your overall well-being. The risk of injury or complications from Massage Therapy is substantially low.

Massage therapy is the manipulation of the soft tissues of the body to gain a therapeutic response. Swedish massage is the most common form of therapy practiced, but depending on your needs, your therapist may also incorporate trigger point therapy, hydrotherapy and remedial exercise. Your therapist will explain the benefits and potential side effects of treatment before employing it and you have the right to refuse treatment or aspects of a given treatment at any time.

Therapists who use manual techniques are required to advise patients that there may be risks associated with such treatment. In particular you should note that while rare, some patients have experienced redness, soreness, bruising and/or tissue strains. The possibility of significant injury from massage therapy is extremely remote.

**WHAT TO EXPECT AT THE MASSAGE CLINIC**

On your first visit, you will be asked to complete a confidential medical history form. Your therapist will go over this form with you to determine your treatment needs and goals. You may need to undress for therapy, but massage therapists are required to drape you with a sheet, so they expose only that portion of your body on which they are working. It is possible to work on a client who is dressed; however, this may restrict the number of techniques a therapist can employ.

**WHAT IS A MASSAGE THERAPIST?**

Massage therapists in Ontario have completed 2,200 hours of training at an accredited massage therapy school and have passed provincial examinations. Therapists are licensed and regulated under the Regulated health professionals Act.

Your massage therapist is trained to recognize soft tissue dysfunction and will recommend an appropriate treatment plan for your needs. It is your responsibility to fully inform your massage therapist of all illness and injuries that might be affected by a treatment. Your massage therapist may need to refer you to another health care professional should your problem prove beyond the scope of practice of the therapist.

**CANCELLATION AND LATENESS POLICY**

While we recognize unforeseen circumstances can arise, in order to accommodate all our clients, we require 24 hours notice of cancellation. Clients who do not observe this policy will be charged the full fee for a missed appointment.

It is your responsibility to arrive for your appointment at the scheduled time. Your therapist cannot extend your treatment time because it may intrude on the next client's appointment. To ensure a complete treatment, please arrive at the scheduled time.

I acknowledge I have discussed, or have had the opportunity to discuss with my Massage Therapist, the nature and purpose of the treatment as well as contents of this Consent. I have filled out the Health History form to the best of my knowledge and will advise my Therapist of any changes in my condition prior to treatment.

We value your business and thank you for your confidence in choosing us as your health care providers. We will respect your privacy and protect your personal information and want you to be aware of our commitment to protect the information you share. Information collected will not be released without your written consent. Medical information collected is protected under the Personal Health Information Protection Act, 2004 (PHIPA).

I have read and fully understand the above policy statement and hereby consent to treatment. I also understand consent can be withdrawn at any time, verbally or written.

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Witness' Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Treatment Fees (Include HST)**

30 minutes	\$55.00
45 minutes	\$70.00
60 minutes	\$85.00
75 minutes	\$100.00
90 minutes	\$115.00

**CONSENT FOR ASSESSMENT AND TREATMENT OF SENSITIVE AREAS**

I, \_\_\_\_\_ (patient name) have requested assessment and/or treatment by Amy Ilton, RMT , Stacy Jantzi, RMT, and/or Allie Kolapak, RMT. Following a discussion and review of assessment, I have requested treatment of the areas identified below, for the purpose of treating the following clinical indications:

\_\_\_\_\_.

As part of my therapeutic assessment and/or treatment, I am aware that Amy Ilton, RMT , Stacy Jantzi, RMT, and/or Allie Kolapak, RMT will treat the following area(s) of my body (please initial in relevant areas):

\_\_\_\_\_ Breast(s)

\_\_\_\_\_ Chest Wall Muscles

\_\_\_\_\_ Inner Thigh(s)

\_\_\_\_\_ Buttocks (gluteal muscles)

Amy Ilton, RMT , Stacy Jantzi, RMT, and/or Allie Kolapak, RMT has explained the following to me and I fully understand the proposed assessment and/or treatment including (please initial to indicate that the following items below were discussed):

\_\_\_\_\_ The nature of the assessment, including the clinical reason(s) for assessment and/or treatment of the above area(s) and the draping methods to be used.

\_\_\_\_\_ The expected benefits, and potential risks and side effects of the assessment and/or treatment.

\_\_\_\_\_ Alternative courses of actions.

\_\_\_\_\_ Likely consequences of not having the treatment.

\_\_\_\_\_ That consent is voluntary.

\_\_\_\_\_ That I can withdraw or alter my consent at any time.

I voluntarily give my consent for the assessment and/or treatment as discussed and outlined above.

Patient Name (print): \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

RMT Signature: \_\_\_\_\_