

Sweet Earth Therapeutic Massage LLC

Myrna Lovell-Jones, LMT, CMT

1575 Old Alabama Road – Ste 105

Roswell, GA 30076

404-556-6363

Email: info@sweetearthmassage.com

www.sweetearthmassage.com



CLIENT CONSENT FORM

I, _____, understand that massage therapy provided by,

Client's Printed name

Myrna Lovell-Jones, LMT, CMT; (hereafter, known as Massage Therapist and/or Practitioner,) is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, improve circulation and offer a positive experience of touch. Any other intended purposes for massage therapy are specified below:

Initials

The general benefits of massage, possible massage contraindications and the treatment procedure have been explained to me. I understand that massage therapy is not a substitute for medical treatment or medications, and that it is recommended that I can currently work with my primary care giver for any condition I may have. I am aware that the massage therapist does not diagnose illness or disease, does not prescribe medications, and that spinal manipulations are not part of massage therapy.

Initials

I have informed the massage therapist of all my known physical conditions, medical conditions and medications, and I will keep the massage therapist updated on any changes. I understand that there shall be no liability on the practitioner's part due to my neglect in relaying any pertinent information.

Initials

If I experience any pain or discomfort during the session, I will immediately communicate that to the therapist so that treatment can be adjusted.

Initials

I understand that no inappropriate comments or conduct will be tolerated and that any indication of such will automatically end the session.

Initials

I further agree to hold harmless the practitioner/massage therapist against any and all claims.

Initials

Client Signature

Date

Therapist: Myrna Lovell-Jones, LMT, CMT

Date