MASSAGE THERAPY CONSENT TO ASSESSMENT AND TREATMENT

I consent to receive massage assessment and treatment at Lime Health & Wellness. I understand that my massage treatment plan will be individualized based on my assessment findings and goals. Treatment may include, but is not limited to:

- Soft tissue and manual therapy techniques
- Therapeutic massage
- Myofascial release
- Trigger point therapy
- Joint mobilization within the Registered Massage Therapist's scope of practice
- Stretching and range of motion techniques
- Therapeutic exercise and home care recommendations
- Education and self-management strategies
- Heat or cold therapy
- Cupping therapy (where clinically appropriate)
- Instrument-assisted soft tissue techniques (where clinically appropriate)
- Kinesiology taping or other supportive taping techniques (where clinically appropriate)
- Other massage therapy techniques considered appropriate by my Registered Massage Therapist.

I understand that:

- My Registered Massage Therapist will explain the purpose, expected benefits, material risks, and reasonable alternatives for any recommended treatment before it is provided.
- Some treatment techniques, such as cupping or instrument-assisted soft tissue techniques, may involve additional risks or temporary side effects. My Registered Massage Therapist will discuss these with me and answer any questions before these treatments are performed.
- Massage therapy may result in temporary soreness, tenderness, bruising, redness, fatigue, or other short-term effects following treatment.
- I am responsible for informing my Registered Massage Therapist of any changes to my health, medications, pregnancy status, implanted medical devices, bleeding disorders, recent injuries or surgeries, skin conditions, allergies, or any other medical condition that may affect my care.
- I have the opportunity to ask questions at any time.
- I may refuse or withdraw my consent for any assessment or treatment, or any specific treatment technique, at any time without affecting my right to receive other appropriate massage therapy services.

I acknowledge that no guarantees have been made regarding the outcome of my treatment.

By signing below, I confirm that I have had the opportunity to ask questions, understand the information provided, and consent to massage therapy assessment and treatment. I understand that consent is an ongoing process and will be confirmed throughout my course of care.

Client Printed Full Name Client Signature Full Name

Treatment Plan & Appointment Commitment

My therapist has discussed my assessment findings, recommended treatment plan, expected frequency of visits, and the importance of attending appointments and completing my home program to help achieve the best possible outcomes. I understand that my treatment plan may be adjusted as my condition changes and that I am encouraged to ask questions or discuss any concerns with my therapist at any time.

Because appointments are reserved exclusively for me, I understand that missed or late-cancelled appointments may delay my recovery and reduce availability for other clients. I acknowledge that I have reviewed and understand Lime Health & Wellness's Attendance and Cancellation Policy and agree to comply with its terms. **Client Initials: _____**