

INFORMED CONSENT AGREEMENT

Integrated Massage by Andrea

2031 SE Belmont, Portland OR 97214

I understand that the massage given to me by Andrea Mendivil, LMT #19676 is for the purpose of stress reduction, pain reduction, relief from muscle tension, increasing circulation, improvement in range of motion and/or relaxation.

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

I understand that massage therapy is not a substitute for medical care and that it is recommended that I work with my primary caregiver for any condition I may have.

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

Print Name _____ Date _____

Signature _____