

Consent to Treatment Form

I, _____, under my own free will, consent to the massage therapy treatment for the following:

Complaint(s): _____

My Registered Massage Therapist, *Sarah Stephen-Trull*, has provided me information relevant to treatment for the above listed complaint(s). The nature of the treatment being provided has been explained to me.

Alternative courses of treatment where applicable and relevant as well as the possible risks and side effects of my proposed treatment plan have been explained.

The consequences of having/not having massage therapy treatment have been explained.

I have been informed that I may stop or alter the treatment at any time. I have been given the opportunity to ask questions concerning my proposed treatment plan and have been offered acceptable answers to those questions.

I understand that I must inform my therapist of any positive or negative changes in my health status before each successive treatment.

All information collected in the Health History is to help formulate a clinical understanding of your condition and will be kept strictly confidential, except where required by law, and when the College of Massage Therapists audits the massage therapist and inspects their records and interviews them as a part of their regulatory activities in the public interest. A signed consent form is required before, *Sarah Stephen-Trull*, contacts any other health provider for your personal health information.

We are required to keep your file for a mandatory ten years following your last contact with us, regulated by The College of Massage Therapists of Ontario.

I understand that I must give 24 hours notice of cancelling an appointment. If less than 24 hours notice is given, or if an appointment is missed, you will be charged a fee of \$50 for the appointment. Thank you kindly for understanding.

Appointment Fees for Massage Therapy:

1 hour treatment	\$86 HST incl.
45 minute treatment	\$70 HST incl.
30 minute treatment	\$50 HST incl.
30-45 minute Infant	\$50 HST incl.

Date: _____ **Client Signature:** _____

Date: _____ **Therapist Signature:** _____