

**AMANDA MASSAGE**

Informed Consent Form

**Therapist Name:**

**Date:**

**Client Name:**

**Address:**

**Tel. No:**

**Please read carefully and only sign if you are in full agreement with its contents**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm that I understand the treatment that I am to receive and confirm that I am willing to proceed without confirmation first being obtained from my GP or consultant.

OR

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm that I understand the treatment that I am to receive and given my medical history I would prefer to consult with my GP or consultant prior to receiving treatment.

**You should note that if the therapist is unable to explain to you the contraindications or is unsure of anything that may apply to a specific condition then they should not treat you without asking you to consult with your GP or consultant.**

**It is your responsibility and not that of the therapist to consult your GP or consultant.**

I hereby indemnify the therapist against any adverse reaction sustained as a result of the treatment as a result of this informed consent.

**Client’s Signature**:

**Candidate’s Signature**

Comments