



## **INFORMED CONSENT FOR MASSAGE THERAPY**

At MediWays Physiotherapy, massage therapy is provided to support pain relief, relaxation, improved circulation, mobility, and overall well-being. Treatment may include techniques such as Swedish massage, deep tissue therapy, trigger point therapy, myofascial release, cupping (if applicable), stretching, and other manual techniques within the scope of practice.

### **Benefits & Risks**

Massage therapy may help reduce muscle tension, stress, pain, and improve function. Some individuals may experience temporary soreness, bruising, fatigue, or mild symptom aggravation following treatment. Serious complications are rare.

### **Professional Boundaries & Consent**

All treatments are performed in a professional and respectful manner. You may request adjustments, pause, or stop treatment at any time. Only areas discussed and consented to will be treated, and draping will be used at all times to ensure privacy and comfort.

### **Patient Responsibility**

You agree to provide complete and accurate health information, inform your therapist of any changes in your condition, and communicate any discomfort during treatment.

### **Liability**

I understand that massage therapy is generally safe but not risk-free. I release MediWays Physiotherapy and its staff from liability for outcomes arising from treatment, except in cases of negligence or misconduct.

### **Consent**

I have read and understood the information above and voluntarily consent to massage therapy.

**Patient Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**Current Condition**

Have you received massage therapy before?  Yes  No

Main reason for visit / concern today:

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When did this condition begin? \_\_\_\_\_

Pain level (0–10): \_\_\_\_\_

Any current or past injuries we should know about?

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**Medical History (check all that apply)**

- Heart Disease
- High Blood Pressure
- Diabetes
- Arthritis
- Osteoporosis
- Asthma
- Cancer
- Stroke
- Epilepsy
- Blood Clots
- Kidney Disease
- Liver Disease
- Depression / Anxiety
- Skin Conditions
- Infectious/Viral Conditions
- Other: \_\_\_\_\_
- None



**Family history of any of the above?**  Yes  No

If yes, please specify: \_\_\_\_\_

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### **Medical Details**

**Surgeries or major injuries (include dates if possible):**

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**Are you currently taking medication?**  Yes  No

If yes, list: \_\_\_\_\_

**Do you have allergies?**  Yes  No

If yes, list: \_\_\_\_\_

**Any other medical conditions?**

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### **Additional Health Screening**

- Internal pins, plates, wires, or artificial joints
- Fractures or dislocations in the past
- Pregnant (if applicable)
- WSIB claim (work injury)
- MVA claim (motor vehicle accident)

If yes, please provide details:

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