**Logo, company name

Description automatically generatedSUCHEY CHIROPRACTIC, PLLC**

**122 E. Michigan Ave, #707**

**Grayling, MI 49738**

**MASSAGE THERAPY INTAKE**

**P-989-348-4560**

**Logo, company name

Description automatically generatedName: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender:  Male  Female**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Areas of pain/tension:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# INFORMED CONSENT TO MASSAGE THERAPY TREATMENT

I hereby request and consent to the performance of massage therapy by the Doctor of Chiropractic or therapist/technician named below or other therapists/technicians at Suchey Chiropractic, PLLC. Chiropractic care and massage therapy are often used in conjunction. While chiropractic centers on the nervous system and musculoskeletal dysfunction related to hard tissues like the spine, bones, and joints, massage therapy focuses on manipulating soft tissues such as muscles, tendons, and ligaments to improve circulation and blood flow. By targeting both the hard and soft tissues, these compatible therapies often benefit the patient in many ways. Receiving chiropractic care either before or after a therapeutic massage can increase the effectiveness of both treatments, improve range of motion, promote faster healing, extend the length of both treatments’ benefits, and improve overall function.

**I understand and agree that (initial each below):**

\_\_\_\_ I hereby consent to receiving massage therapy for the above noted purposes, including such assessments, examinations, and techniques that may be recommended by my chiropractor and/or therapist.

\_\_\_\_ No sexual advances of any kind will be tolerated either from the chiropractor, massage therapist or the patient. Sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature will constitute sexual harassment and will not be tolerated, resulting in immediate termination of the session, and I will be liable for payment of the scheduled treatment.

\_\_\_\_ I acknowledge that the technician, when explaining the proposed treatment to me, will explain the nature of the treatment, the expected benefits of the treatment, the material risks and side effects of the treatment proposed (and any alternative options), potential consequences of not having the treatment, and the precise area(s) of the body that will be touched. I acknowledge that physical touch or contact is only in the context of assessment and treatment processes for which I have given informed consent.

\_\_\_\_ Please remember that we have reserved appointment times for each patient. Therefore, we request at least 24 hours’ notice to cancel or reschedule your massage appointment. Due to the length of the appointments and the limited schedule options, the first missed appointment without 24 hours’ notice will be forgiven, however, any missed appointments after that will be reviewed for partial up to full charge of the massage. *(Billed to you, not insurance.)*

By signing below, I affirm that I have read, or have had read to me, the above consent. I have also had an opportunity to ask questions about its content.

I intend this consent form to cover the entire course of massage treatment for my present condition and for any future condition(s) for which I seek massage treatment from Suchey Chiropractic, PLLC. I understand that at any time I may withdraw my consent and treatment will be stopped.

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**Patient Signature (Parent/Guardian if under 18) Date**