

INFORMED CONSENT TO MASSAGE THERAPY AT DR. DEENA HAKIM, D.C.

I, _____ have chosen to consult with and hereby give consent for massage therapy to be provided by Dr. Deena Hakim's certified massage therapists.

I have provided Dr. Deena Hakim a detailed medical history. The massage therapist will ask if any new injuries and/or symptoms have come up. I do not expect the therapist to have foreseen any previous or pre-existing condition that I may not have mentioned. I understand that the massage/bodywork I receive is intended to enhance the chiropractic treatment plan set out by Dr. Deena Hakim, provide relaxation, reduce stress, relieve muscular tension, improve circulation and increase range of motion. I understand that massage may provide benefits for certain conditions but results are not guaranteed.

I have read and fully understand the following statements:

- If cancellation is necessary a 24-hour notice is required. If the proper notice is not given, a \$25.00 charge for the session will be due. I further understand that I am fully responsible for any charges incurred; my insurance company is not responsible for any cancellation or no-show charges.
- I understand that massage practitioners do not diagnose illness or disease, perform any spinal manipulations, or prescribe any medical treatments. I am aware that therapeutic massage is not a substitute for medical examination or diagnosis, and it is recommended that I see Dr. Deena Hakim or my health care provider for those services. I accept that massage promises no long-term cures nor will it completely alleviate my health problems.
- I understand that this is not a sexual massage, which is illegal in the state of California, nor will any sexual advances or comments be tolerated, either from the massage practitioner or the client. The massage session will immediately end, and the client will be expected to pay in full for the session.
- In the unlikely event of physical injury, immediate medical treatment will be obtained at the nearest health care facility. The costs of such treatment will be the financial responsibility of the participant.
- The general benefits of massage, and any cautions or contraindications have been explained to me. Due to certain contraindications and cautions for massage, the practitioner must be aware of existing physical and mental conditions. I have disclosed all such conditions.
- I accept that a single massage session or massage used on a random basis is limited to providing general non-specific benefits.
- Any questions that I have regarding my participation in massage have been answered to my satisfaction. I also understand that my participation is voluntary, and that I am free to terminate my participation at any time.

SIGNATURE

DATE

I have reviewed this form and I have discussed all concerns I may have regarding my treatment with Dr. Deena Hakim and my Licensed Massage Therapist. By my signature, I understand the above statement and consent to receive massage therapy and bodywork.