

CONSENT TO TREATMENT
STILLPOINT MASSAGE THERAPY

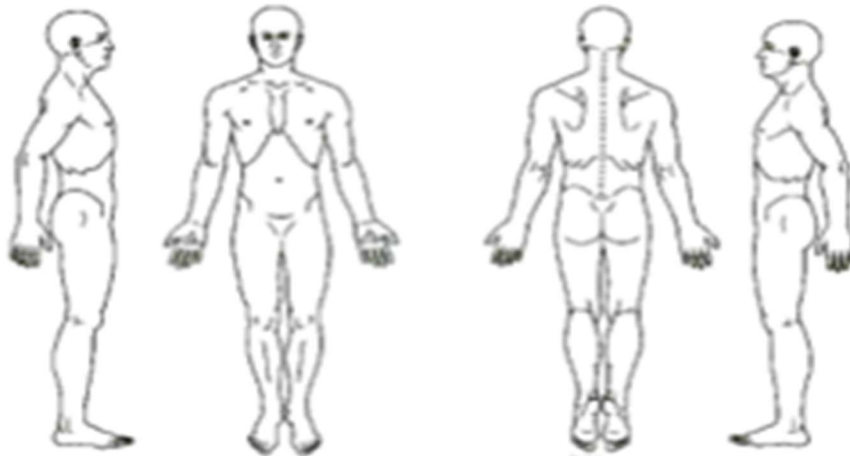
Patient Name: _____ **DOB: (dd/mm/yyyy):** ____/____/____

RMTs are required to obtain informed consent to treatment. Informed consent supports patient safety, clinical decision-making, and predictable and desired outcomes. Obtaining consent is both a professional obligation, as well as a legal obligation under two BC statutes (*the Health Care (Consent) and Care Facility (Admission) Act and Infants Act*). Please ask your RMT if you have any questions or concerns regarding this form or its contents.

I am requesting registered massage therapy treatment and I am providing the RMT at Stillpoint Massage Therapy consent for registered massage therapy treatments.

1. I understand that registered massage therapy is a manual hands-on therapy that is provided for the purpose of developing, maintaining, rehabilitating or augmenting physical function, relieving pain or promoting health. My RMT will provide assessment and treatment of soft tissues and/or joints of the body by manipulation, mobilization and other therapeutic methods.
2. I understand that registered massage therapy treatments involve an assessment, manual massage, a treatment plan and home care (as required or requested). I understand that my treatment plan will be created with my goals and expectations in mind.
3. I understand that my RMT will work within my pain threshold and will not work on areas that I am uncomfortable with. My treatment will be modified for pain and discomfort and my RMT will only use a pressure that I am comfortable with. If I am not comfortable with the pressure used, I will express that to my RMT at any time during the treatment and my RMT will modify the treatment accordingly.
4. The areas of the body that will be treated will be discussed prior to the time of treatment. If I am not comfortable with any areas of my body being treated I will indicate that to my RMT, before or, should anything change, during the treatment. The areas that are not being treated at the time will be fully draped for the duration of the treatment.
5. I am aware that I am entitled to ask questions about the treatment, techniques, my treatment plan and that I can modify or end the treatment at any time.
6. I understand that I can withdraw consent verbally at any point during the treatment and that my RMT will discontinue treatment at that time.

7. I understand that I have the right to make my own decisions about my health care. My therapist will however, provide input regarding my treatment and my treatment plan to provide shared decision making based on my best interests. All decisions about my health care are ultimately my choice.
8. The RMT has explained to me and I fully understand the proposed treatment including: the nature of any assessment, the reasons for treatment of any of the above areas, the expected benefits of the treatment, the potential risks of the treatment, the potential side effects of the treatment, alternative courses of action, likely consequence of not having the treatment, that consent is voluntary and that I can withdraw my consent at any time.
9. I acknowledge and understand it may be necessary for RMT to adjust their treatment plan during my treatment, and, if necessary, it will be discussed prior to treatment.
10. I am providing consent for massage therapy assessment and treatment and I understand that my consent can be revoked either verbally or in writing at any point in time. I also accept that I have a responsibility to verbalize to my therapist if I am uncomfortable, in pain or in the event that I would like to revoke consent for any or all of the treatment.



I voluntarily give my consent for the treatment as discussed with my RMT and outlined above. Please indicate above any areas you wish to be avoided.

Patient Signature: _____

Date: _____