

SCHOOL OF MASSAGE THERAPY *Teaching Clinic*

CLIENT CONSENT FORM

You have chosen to have a massage therapy session with a student intern at the Teaching Clinic of the Northwestern Health Sciences University School of Massage Therapy. Student interns work with clients in the Teaching Clinic in order to develop professional skills necessary for the professional practice of massage therapy. Work with clients in the Teaching Clinics builds upon the student intern's classroom and laboratory training in massage therapy techniques.

I. ACTIVITIES

As a client in the Teaching Clinic, you will participate in the following activities:

1. Providing information about your general health and musculoskeletal complaints. Questions are asked so that the student intern can find out whether you can receive certain types of massage, and refine history taking skills. You have the right to refuse to answer any questions asked.
2. Receiving massage. The particular massage will consist of the following:

Relaxation Massage – or –
Trigger Point Massage

The practice session will be held on the following date: _____

Practice sessions are for the purpose of student learning and are conducted by students who do not hold themselves out to the public as professional practitioners of massage, massage therapy, or other unlicensed complementary and alternative health care.

II. RISKS AND BENEFITS OF MASSAGE

Potential risks of the massage you will receive include: mild, short-term muscular soreness due to movement of irritating metabolic wastes, mild surface level bruising.

The particular massage may or may not cause therapeutic benefit. Potential benefits of the massage include: stress reduction, relief from muscular pain, tension, and spasm, promotion of circulation and lymph activity, and promotion of flexibility.

III. VOLUNTARY NATURE OF PARTICIPATION

You have the right to refuse participation at any time before or during your massage session.

IV. CONTACT AND QUESTIONS

If you have any questions or concerns regarding your massage session, you may communicate directly with the faculty supervisor at the time of your session, or you may contact:

Dale Healey, D.C.
Dean of the School of Massage Therapy
Northwestern Health Sciences University
2501 West 84th Street
Bloomington, MN 55431
(952) 888-4777, extension 348

V. STATEMENT OF CONSENT

I hereby consent to participate in the massage therapy session indicated in Section I of this consent form, and, if applicable, to receive the particular massage described in this Consent from the student intern. I have read the foregoing sections of this Consent and understand them. I have had an opportunity to ask any questions I have about my participation in the massage therapy session, including associated risks and benefits, and all questions have been answered to my satisfaction.

I hereby authorize Northwestern Health Sciences University, the School of Massage Therapy and the student intern to disclose, use and discuss any communications and information, including any health information obtained from me during my participation in a massage therapy session, with faculty, staff and other students of the School of Massage Therapy and the University, for educational and other related purposes. I understand that this authorization may be revoked by me at any time in writing provided by me to the University.

Participant Name (printed): _____

Participant Signature: _____

Date Signed: _____