

## Informed Consent for Massage Therapy

Thank you for choosing MakCare Health and Wellness Centre. Please note that we require your consent (or your respective substitute decision maker's consent) for all your assessment and treatment sessions as required by *College of Massage Therapists of Ontario*.

### Assessment

I, \_\_\_\_\_ (Print Name), \_\_\_\_\_ (initial),  
on \_\_\_\_\_ (date), give consent to receive assessment by my  
Registered Massage Therapist (RMT) Kwok Shum Hubert Mak. I intend this consent to apply to  
my present and future massage therapy sessions. I understand that I have the right to  
withdraw my consent at any time.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Registered Massage Therapist's Signature

### Treatment

My Registered Massage Therapist, Kwok Shum Hubert Mak, has explained his treatment plan  
and I consent to participate in it. I intend this consent to apply to my present and future  
massage therapy sessions. I understand that I have the right to withdraw my consent at  
anytime.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Registered Massage Therapist's Signature