PINNACLE HOME PHYSIO & MASSAGE SERVICES

REGISTERED MASSAGE THERAPY — HOME VISIT CONSENT & SERVICE AGREEMENT

Important: This form documents informed consent and home-visit arrangements. It is not a blanket waiver of professional negligence or a guarantee that no claim can be made. The provider remains responsible for competent practice, appropriate records and ongoing consent.

1. CLIENT AND VISIT DETAILS

Client full name: _____ Date of birth: _____

Home visit address: _____ Phone / email: _____

Registered Massage Therapist (RMT) name: _____ Registration number: _____

Emergency contact / phone: _____ Primary care provider (optional): _____

2. HOME VISIT AND PROPERTY ACCESS

I invite the Registered Massage Therapist (RMT) to enter my home at the address above only for the scheduled visit. This permission is limited to the visit and may be withdrawn. I will provide a reasonably clean, private, well-lit and safe treatment area with adequate space for equipment and movement. I will advise the provider about pets, smoking/vaping, infectious illness, unsafe flooring, stairs, other occupants or any known hazard. The provider may pause, modify or end the visit if the environment is unsafe, privacy cannot be maintained, I appear medically unwell, or safe care cannot be delivered. Any cancellation/visit fee is governed by the provider's disclosed policy and applicable law.

3. EXPRESS CONSENT TO PROFESSIONAL TOUCH / PHYSICAL CONTACT

I understand that assessment and treatment by the Registered Massage Therapist (RMT) may require professional therapeutic touch and physical contact. Before touching me, the provider will explain the proposed contact, the body area involved, the reason for contact and the assessment or treatment technique. I give permission for appropriate therapeutic touch and physical contact only for the assessment and treatment that has been explained to me and that I agree to receive.

This permission may include, when clinically appropriate and specifically explained: placing hands on or moving an arm, leg, shoulder, neck, back or other relevant body area; palpating muscles or joints; guiding movement; assisting with positioning or transfers; applying manual techniques; and applying treatment equipment or electrodes to the agreed area. The provider must ask for and receive my consent before any new or changed intervention or contact that has not already been discussed. I may ask where and why I will be touched, request that contact stop or change, decline any body area or technique, or withdraw consent at any time.

My understanding and agreement: ■ I understand why therapeutic touch may be needed. ■ The areas and procedures will be explained before contact. ■ I may refuse or stop contact at any time.

4. MASSAGE THERAPY — INFORMED CONSENT

The RMT has explained the proposed massage therapy, areas to be treated, purpose, expected benefits, material risks and side effects, alternatives (including no treatment), and possible consequences of declining treatment. I had an opportunity to ask questions. Treatment may be changed based on my response and clinical findings.

Possible effects include temporary soreness, tenderness, fatigue, light-headedness, temporary increase in symptoms, skin irritation or bruising. Other risks may apply depending on my health and techniques used. I will report pain, numbness, dizziness, nausea, feeling unsafe or discomfort immediately. Pressure and techniques can be reduced, changed or stopped at my request.

I will disclose relevant medical conditions, recent injury/surgery, pregnancy, blood-clot history, bleeding disorders, osteoporosis, cancer history/active cancer, skin conditions, allergies, fever/infection, medications (including blood thinners), reduced sensation and other health concerns. The RMT may defer treatment or request medical clearance when appropriate.

5. DRAPING, PRIVACY AND PROFESSIONAL BOUNDARIES

The RMT will explain clothing removal and draping options before treatment. I may remain clothed or choose which clothing to remove. I will have privacy to undress and dress. Non-transparent draping will be used and only the area being treated will be exposed. I may decline treatment to any body area, request a different draping arrangement, request a chaperone where feasible, or stop treatment at any time. No area or technique will be treated without appropriate consent.

Treatment of sensitive or intimate areas is not included in routine massage and will not occur without a separate, explicit informed-consent process and compliance with applicable professional standards. I may withdraw consent to touch, draping or any technique at any time.

6. PRESSURE AND TREATMENT PREFERENCES

Preferred pressure (circle): Light / Moderate / Firm
Areas requested: _____ Areas to avoid: _____
Positioning / accessibility needs: _____
Chaperone requested: ■ No ■ Yes (name, if known): _____

7. HEALTH INFORMATION AND PRIVACY

I agree to provide accurate health information and update the provider if my health or symptoms change. Personal information and health records will be collected, used, stored and disclosed only as permitted or required by applicable BC privacy and health-profession laws, including care coordination, payment, insurance claims with my authorization, and legal or regulatory requirements. I may ask about the provider's privacy practices.

8. CLIENT RESPONSIBILITIES AND EMERGENCY PLAN

I will provide a safe treatment space, keep children and pets away from equipment, follow safety instructions and advise the provider if I feel unwell or uncomfortable. In an emergency, the provider may call 911 and/or my emergency contact and share minimum necessary information as permitted by law.
Emergency contact: _____ Phone: _____

9. ACKNOWLEDGEMENT AND SIGNATURE

By signing, I confirm this form was read or explained to me, I had the opportunity to ask questions, understand the proposed physical contact and treatment, and voluntarily consent to the assessment and treatment discussed. I understand this is not blanket permission for any touch or any body area. Consent is ongoing and may be withdrawn at any time. The provider will explain and obtain consent before new or materially changed contact or interventions.

Client / substitute decision-maker signature: _____ Date / time: _____

Printed name and relationship (if substitute): _____ Witness (if used): _____

Registered Massage Therapist (RMT) signature: _____ Date / time: _____

CLINICIAN RECORD — COMPLETE AT EACH VISIT

Body area(s) and reason for contact explained: _____
Consent to physical contact obtained before contact: ■ Yes ■ No — details: _____
Risks, alternatives and questions discussed: _____
Interventions / techniques actually provided and client response: _____
Consent confirmed / modified / withdrawn and details: _____

Provider note: Keep a copy in the clinical record. A signed form does not replace a visit-specific consent discussion and documentation. Obtain and document consent before physical contact and before any new or changed intervention. Use equipment only when trained, authorized, insured and following manufacturer instructions and applicable professional standards.