



Salterra Wellness

Massage Therapy Boundary Consent Form

Client Name: _____

Date of Birth: _____

Phone: _____

Email: _____

Purpose

At Salterra Wellness, our goal is to provide a safe, respectful, and professional environment for all clients. This Boundary Consent Form outlines our therapeutic boundaries to ensure clear communication and comfort for both client and therapist.

Therapeutic Boundaries (please initial each):

___ I understand that massage therapy is a professional, non-sexual therapeutic service.

___ I understand that I will be appropriately draped at all times during the session, with only the area

being worked on uncovered.

___ I have the right to request modifications to the session at any time, including stopping the session, changing pressure, technique, or focus areas.

___ I understand that any inappropriate or sexually suggestive behavior will result in immediate termination of the session and may be reported.

___ I agree to communicate openly with my therapist about any discomfort, pain, or emotional reactions during or after the massage.

___ I understand the therapist also has the right to end a session if professional boundaries are violated.

___ I consent to therapeutic touch as part of the massage treatment and understand it will only be performed in a professional and respectful manner.

___ I have disclosed all necessary health information, including any physical, emotional, or medical conditions that may affect treatment.

Confidentiality

Your personal and health information is confidential and will not be shared without your written consent, unless required by law.

Consent

I have read and understand the boundary guidelines above. I agree to uphold these standards and give my informed consent to receive massage therapy from Salterra Wellness.

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____