



TEXAS DEPARTMENT OF LICENSING AND REGULATION

Compliance Division

P. O. Box 12157 • Austin, Texas 78711 • (512) 463-6599 • (800) 803-9202

Website: www.tdlr.texas.gov

RE: Massage Therapy Consultation Document

Failure to use the required consultation document may result in an administrative penalty being assessed against your license.

Please use the Checklist which is printed on the back of this letter to quickly review your consultation document and determine whether or not it complies with our current rules. If it does not, or if you are not using a consultation document with every client, you should review the relevant rules at 16 Texas Administrative Code §117.91 and comply with them in future.

The law, rules, application forms, rosters of licensees, disciplinary actions, and other information are available on our website at: <https://www.tdlr.texas.gov/mas/mas.htm>. A live online search verification is also available. If you work in a massage establishment, you may wish to use the live online search to ensure that your employer has renewed the massage establishment license timely.

If you have further questions, please contact us by email at CS.MassageTherapy@tdlr.texas.gov.



**Texas Department of Licensing and Regulation (TDLR)
MASSAGE THERAPY**

Checklist for Ensuring that a Massage Therapy Consultation Document
Meets the Requirements Established by Rule
16 TAC §117.91 Consultation Document

My consultation document includes:

(circle one)

- | | | |
|--|-----|----|
| 1. The type of massage therapy services or techniques I anticipate using during the massage therapy session. (This section/area needs to indicate the <u>actual</u> techniques and massage therapy services being provided during the session. Avoid using "may/could include the following techniques...") | Yes | No |
| 2. The parts of the client's body that will be massaged or the areas of the client's body that will be avoided during the session, including indications and contraindications. (This section/area needs to indicate the <u>actual</u> parts of the client's body that will be massaged or areas to be avoided. Avoid using words like "may/could include the following areas...") | Yes | No |
| 3. A statement that I shall not engage in breast massage of female clients without the written consent of the client. (You may include a statement that breast massage will NOT be performed, or if it is a modality you will be using, that written approval is needed.) | Yes | No |
| 4. A statement that draping will be used during the session, unless otherwise agreed to by both the client and by me. | Yes | No |
| 5. A statement that if uncomfortable for any reason, the client may ask me to cease the massage and I will end the massage session. (Be sure to include a statement that the client may end the massage session at any time. Indicating that the massage therapist will adjust the pressure being used is not the same as ending the session.) | Yes | No |
| 6. The signature of the client. (Client signature agreeing to the services the consultation document indicates will be provided during the massage session.) | Yes | No |
| 7. My signature. (Massage therapist signature agreeing to the services the consultation document indicates will be provided during the massage session) | Yes | No |

I use my consultation document with all my clients:

- | | | |
|--|-----|----|
| 1. Prior to the first massage session | Yes | No |
| 2. If the client's reason for seeking massage changes at any time and/or any of the information in 1-4 above changes | Yes | No |

The answers to all questions should be "Yes".



Texas Department of Licensing and Regulation
Massage Therapy
SAMPLE Consultation Document

The items in **bold lettering** are the minimum requirements which must be contained in any consultation document used to adhere to the rules.

It is the responsibility of the licensed massage therapist to ensure that each client completes a consultation document before receiving massage therapy services.

My Massage Consultation Document
1234 Locust St. #101
Austin, Texas 78701
123-456-7890

Name: _____ Date _____

Address: _____ Phone #: _____

Email: _____

Are you under the age of 17? If yes, you must have the written consent of your parent or guardian to receive massage therapy services.

Please check below all that apply:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Spinal Problems | <input type="checkbox"/> Allergies | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Bruise Easily |
| <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Migraines | <input type="checkbox"/> Heart Conditions | <input type="checkbox"/> Injuries |
| <input type="checkbox"/> Smoke | <input type="checkbox"/> Currently Pregnant? Due Date: _____ | | |

Please explain any checked above: _____

☐ Any medical conditions your therapist should be made aware of?

Current Medications: _____

Type of massage you are requesting (Please circle one below):

Swedish/Relaxation Deep Tissue Trigger Point Pregnancy Massage Hot Stone

Areas of pain/tension: _____

Areas to be avoided: _____

Massage therapy is not a substitute for medical examination or diagnosis. It is recommended that I see a physician for any physical ailment that I may have. I understand that the massage therapist does not prescribe medical treatments or pharmaceuticals, and does not perform any spinal adjustments. I am aware that if I have any serious medical diagnosis I must provide a physician's written consent prior to services.

The massage therapist will not perform breast massage on female clients without the written consent of the client prior to the massage session.

Draping will be used during the massage session unless otherwise agreed to by both client and therapist.

If the client is uncomfortable for any reason, the client may ask to end the massage session, and the session will be ended.

To be completed by the massage therapist:

Type of Massage Technique to be used: _____

Parts of the body to be massaged (Including indications and contraindications): _____

Client signature: _____ **Date:** _____
(Parent or Guardian if under the age of 17)

Therapist signature: _____ **Date:** _____