



MASSAGE THERAPY SESSION CONSULTATION

The massage therapy rules at 16 Texas Administrative Code (TAC), Section 117.91, require massage therapists to provide a consultation document to each client:

- before the first massage therapy session;
- if the client's reason for seeking massage therapy changes and any information in 16 TAC, Section 117.91(a)(1-4) is modified; and
- before each session in which breast massage will be performed unless written consent is received on a separate document.

To ensure your consultation document meets all current requirements, please use the checklist provided. If the consultation document that you are currently using does not contain all required elements or if you are not using a consultation document as outlined above, you should review the rules and bring your practice and consultation document into compliance.

Failure to use a consultation document that meets current requirements and/or in the manner prescribed may result in disciplinary action against you.

You can find the attached sample consultation document, as well as other useful information and forms, on the TDLR website at <https://www.tdlr.texas.gov/mas/mas.htm>.

For questions, please contact TDLR via webform at <https://www.tdlr.texas.gov/help>.



Checklist for Ensuring that a Massage Therapy Consultation Document Meets the Minimum Requirements Established by Rule

The consultation document includes: (circle one)

- | | | |
|---|-----|----|
| 1. The type of massage therapy services or techniques the licensee anticipates using during the massage therapy session. | 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 actual 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 the licensee shall drape the breasts of all female clients and not engage in breast massage of female clients unless the client gives written consent before each session involving breast massage. (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 of the genital area and gluteal cleavage will be used at all times during the session for all clients. | Yes | No |
| 5. A statement that if uncomfortable for any reason, the client may ask the licensee to cease the massage and the licensee will end the massage session. (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's signature agreeing to the services the consultation document indicates will be provided during the massage session.) | Yes | No |
| 7. The signature of the licensee. (Therapist's signature agreeing to the services the consultation document indicates will be provided during the massage session.) | Yes | No |

This consultation document is used:

- | | | |
|---|-----|----|
| 1. prior to a client's 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; and | Yes | No |
| 3. every time breast massage will be performed unless written consent is received on a separate document. | Yes | No |

The answers to all questions must be "Yes."



**Texas Department of Licensing & Regulation
 Massage Therapy
 SAMPLE Consultation Document**

In order for your consultation document to be in compliance with rules, the items in **bold lettering** (on the next page) must be included. All other content is suggested.

It is the responsibility of the licensee to ensure that each client completes a consultation document before each initial massage session and if the client's reason for seeking massage services changes.

**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: _____

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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 licensee shall drape the breasts of all female clients and not engage in breast massage of female clients unless the client gives written consent before each session involving breast massage.

Draping of the genital area and gluteal cleavage will be used at all times during the session for all clients.

If the client is uncomfortable for any reason, the client may ask the licensee to end the massage, and the licensee will end the session. The licensee also has a right to end the session if uncomfortable for any reason.

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

To be completed by the licensee:

Type of massage service/technique to be used: _____

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

Licensee signature: _____ **Date:** _____
(Name as it appears on Massage Therapist license)