



MASSAGE THERAPY SERVICES' CONSENT FORM

THIS FORM MUST BE COMPLETED AND SIGNED BEFORE RECEIVING A MASSAGE

GENERAL AND MEDICAL INFORMATION

Have you ever experienced a professional massage? _____

Which areas would you like to focus on during this massage? _____

Do you have any of the following conditions? _____ If yes, please explain below as clearly as possible.

- | | | | |
|--|--|--------------------------------------|---------------------------|
| _____ Stress | _____ Allergies | _____ Contagious disease | _____ Diabetes |
| _____ Back Pain | _____ Pregnant | _____ Arthritis | _____ Wear contact lenses |
| _____ Cancer | _____ Osteoporosis | _____ Cardiac/Circulatory Problems | |
| _____ Epilepsy | _____ Seizures | _____ Sensitive to touch or pressure | |
| _____ Joint Swelling | _____ Varicose Veins | _____ Frequent Headaches | _____ Bruise Easily |
| _____ Depression | _____ Numbness or Stabbing pains? Explain below. | | |
| _____ High blood pressure. If yes, are you taking medication for this? Explain below. | | | |
| _____ Surgery in the past five years? Explain below. | | | |
| _____ Accident or suffered any injuries in the past 2 years? Broken bones, etc. Explain below. | | | |
| _____ Other medical conditions not listed. Explain below. | | | |

Comments: _____

I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment. I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and nothing said in the course of the session given should be construed as such. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the massage therapist updated as to any changes in my medical profile during the session and understand that there shall be no liability on the massage therapists part should I fail to do so. I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session. I also understand that the Licensed Massage Therapist reserves the right to refuse to perform massage on anyone whom he/she deems to have a condition for which massage is contraindicated.

Client Signature: _____ Date: _____
NAME: _____ Phone: _____
EMAIL: _____ THERAPIST'S NAME: _____
ADDRESS: _____ STATE: _____ ZIP: _____ DOB: _____