

Informed Consent/ Health Intake

Name: _____ Date: _____

Phone: _____ Email: _____

Address: _____

Occupation: _____ Emergency contact: _____ Phone: _____

Have you had massage therapy? **Y** **N**

initial _____ I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. I am aware that there is no certainty that I will achieve these results.

Are you currently under a doctor's care? **Y** **N**

Explain: _____

Initial _____ I understand that massage therapy is not intended as a substitute for a medical examination and is not designed to diagnose a medical condition or prescribe medication.

Health Issues Please circle all that apply: other _____

- | | | |
|-------------------------|-------------------|----------------|
| ALLERGIES | BRUISE EASILY | BACK PAIN |
| ARTHRITIS | INFECTION | EXTREME STRESS |
| CANCER | JOINT REPLACEMENT | FEVER |
| CARDIAC/HEART | JOINT SWELLING | HEADACHES |
| CIRCULATORY | PREGNANT | RECENT INJURY |
| DIABETES | SKIN CONDITION | |
| EPILEPSY/SEIZURES | VARICOSE VEINS | |
| HIGH/LOW BLOOD PRESSURE | | |

Initial _____ I understand that a massage should not be done when certain medical conditions exist, and I have informed the therapist of my current medical condition. (Please see Contraindications for Massage)

What type of discomfort are you having and where:

Tension Where: _____ Soreness Where: _____

Numbness Where: _____ Stabbing Pain Where: _____

Initial _____ I understand it is my responsibility to keep the therapist updated as to any changes in my medical/pain profile. I understand that there shall be no liability on the therapist part should I forget to do so. I waive any claim against the therapist and assume all risks of injuries that may result.

What type/kind of massage would you like?

- | | | |
|---------------------------|------------|----------------|
| DEEP TISSUE/FIRM PRESSURE | RELAXATION | LIGHT PRESSURE |
| PAIN SPECIFIC | FULL BODY | |

Initial _____ I understand it is my responsibility to inform the therapist of any discomfort during the massage. I understand that I may experience some muscle soreness or bruising. I understand that massage therapy is a therapeutic healing art and not a sexual service.

Therapist Signature _____ Massage