

# MASSAGE INFORMED CONSENT

Please read carefully and sign where indicated:

1. I understand that massage or bodywork may be contraindicated for certain medical conditions or symptoms. A referral from my physician or licensed health care provider may be necessary prior to service being provided.
2. I further understand that massage or bodywork is provided for the purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during my appointment, I will inform the therapist so that the pressure or strokes may be adjusted accordingly.
3. I understand that massage or bodywork should not be perceived by me as a substitute for medical examination, diagnosis, or treatment and that I should consult a physician, chiropractor, or other qualified medical specialist for any mental or physical condition that I am aware of.
4. I have been informed that massage and bodywork therapists are not qualified to perform skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said during the session should be perceived as such.
5. I understand that our massage therapists are trained professionals. At all times I will adhere to state and ethical compliant rules on draping and etiquette. Under professional guidelines our massage therapist employs full sheet draping to protect client modesty. **The practitioner maintains the right to terminate a bodywork and massage session at will. I understand that any remarks or actions of a sexual or personal nature will result in immediate termination of the session and that no future appointments will be allowed.**
6. Because massage or bodywork should not be performed under certain medical conditions, I attest that I have stated all my known medical conditions and answered all questions honestly. I accept and voluntarily assume all risks of injury, damage, or harm which may arise during or as a result from my participation in massage or bodywork.
7. I understand that all session times include 50 minutes of hands-on bodywork if I arrive on time to my appointment.
8. I understand that I am responsible to be on time for my appointments and that the therapist is not under any obligation to extend my therapy session. I also agree that I am responsible to pay for the full time I have booked with the therapist if I am late. **If I miss an appointment or am unable to give 24 hour-notice when I need to change my appointment, I agree to pay a \$10 fee that will be held on my account until paid.** I understand that my appointment will be considered a no-show if I arrive 15 minutes or more past the scheduled appointment time.
9. I represent I am at least 18 years of age and have read and understood this Informed Consent.

Client Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

# Massage Intake Form

## Personal Information

Name: \_\_\_\_\_ Preferred name: \_\_\_\_\_

Pronouns:  He/Him  She/Her  They/Them  Other \_\_\_\_\_

Student  Employee  S# \_\_\_\_\_ Phone: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

What is your current gender identity? (Check one):  Male  Female  Genderqueer, neither exclusively male nor female  
 Transgender Female/Trans Woman/ Male-to-Female (MTF)  Transgender Male/Trans Man/ Female-to-Male (FTM)  
 Choose not to disclose  Additional Gender Category/(or Other), please specify: \_\_\_\_\_

What sex were you assigned at birth on your original birth certificate? (Check one):  Male  Female  Choose not to disclose

## Medical Information

Are you taking any medications?  yes  no  
If yes, please list name and use: \_\_\_\_\_

Are you currently pregnant?  yes  no  
If yes, how far along? \_\_\_\_\_  
Any high risk factors? \_\_\_\_\_

Do you suffer from chronic pain?  yes  no  
If yes, please explain \_\_\_\_\_  
What makes it better? \_\_\_\_\_  
What makes it worse? \_\_\_\_\_

Have you had any recent surgeries or injuries?  yes  no  
If yes, please list: \_\_\_\_\_

Please indicate any of the following that apply to you.

- |  |  |
|--|--|
| <input type="checkbox"/> Cancer                  | <input type="checkbox"/> Fibromyalgia              |
| <input type="checkbox"/> Headaches/Migraines     | <input type="checkbox"/> Stroke                    |
| <input type="checkbox"/> Arthritis               | <input type="checkbox"/> Heart Attack              |
| <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Skin condition or disease |
| <input type="checkbox"/> Joint Replacement(s)    | <input type="checkbox"/> Blood Clots               |
| <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Numbness                  |
| <input type="checkbox"/> Neuropathy              | <input type="checkbox"/> Sprains or Strains        |

## Massage Information

Have you had a professional massage before?  yes  no

What type of massage are you seeking?  
 Relaxation  Therapeutic/Deep Tissue

Other \_\_\_\_\_

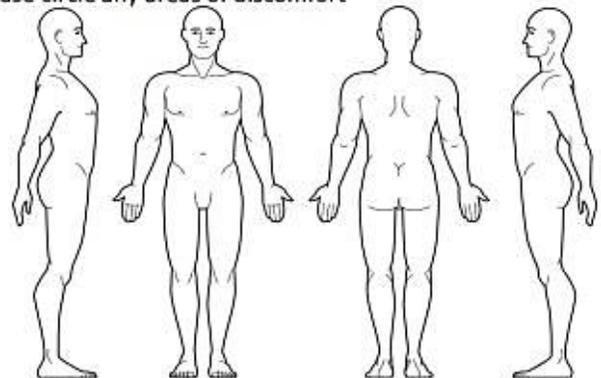
What pressure do you prefer?  
 Light  Medium  Deep

Do you have any allergies or sensitivities?  yes  no  
Please explain \_\_\_\_\_

Are there any areas (feet, face, abdomen, etc.) you do not want massaged?  yes  no  
Please explain \_\_\_\_\_

What are your goals for this treatment session?  
\_\_\_\_\_

Please circle any areas of discomfort



Briefly explain any conditions mentioned above:

\_\_\_\_\_

By signing below, you agree to the following. I have completed this form to the best of my ability and knowledge and agree to inform my therapist if any of the above information changes at any time.

\_\_\_\_\_ Date \_\_\_\_\_

Client Signature