Client Health History & Consent

Name:_____ Gender: _____DOB:_____

Cell Phone: _____ Email:_____

In case of emergency, contact:_____Phone: _____

Referred by: _____ Occupation: _____

Activities/Hobbies: _____

Exercise/Relaxation: _____

Have you ever had professional massage or bodywork? □yes □no

What are your treatment goals? _____

_____

Do you feel any pain or discomfort in your body today? □yes □no

If yes, is this pain or discomfort a chronic condition? □yes □no

If yes to either above, describe: _____

_____

Are you currently under the care of a medical doctor/chiropractor/therapist/other health care professional?

□yes □no If yes, describe:_____

_____

What medications or supplements are you currently taking? _____

_____

Please describe any injuries, accidents, or serious illness in the last 3 years: _____

_____

Do you currently have, or have you ever had, any of the following conditions/illnesses/problems?

□ Contacts	□ Dizziness	□ Lymphatic condition	□ Blood clots/Phlebitis
□ Hearing aids	□ Heart condition	□ Respiratory problems	□ Jaw pain/teeth grinding/TMJ
□ Diabetes	□ Circulatory problems	□ Sinus problems	□ Dentures or bridgework
□ Osteoporosis	□ Tendinitis	□ Allergies	□ Sleep difficulties/insomnia
□ Cancer	□ Numbness/tingling	□ Migraine Headaches	□ High/low blood pressure
□ Arthritis	□ Muscle/joint pain	□ Varicose veins	□ Infectious diseases (describe)
□ Convulsions	□ Depression	□ Postural deviations	□ Autoimmune conditions (describe)
□ Headaches	□ Fatigue	□ Digestive problems	□ Pregnant — # of weeks:
□ Vision problems	□ Anxiety	□ Skin problems	□ Other conditions (describe)

Describe any conditions checked above, or not listed above: _____

_____

_____

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Please take a moment to carefully read the following information and sign at the bottom where indicated.

By my signature here, I acknowledge that I have agreed to receive one or more massage and bodywork therapy sessions and I understand that:

1. Massage, bodywork, craniosacral, and somatic therapies involve the manipulation of the soft tissues of the body through touch for the general purpose of relaxation, stress reduction, relief from musculoskeletal tension or discomfort, improving circulation, and enhancing my overall sense of wellness.
2. Massage, bodywork, craniosacral, and somatic therapies are not involved with the treatment of disease, illness or disorders of any kind, nor does it substitute for medical diagnosis or treatment when such attention is needed. Massage, bodywork and somatic therapies specifically exclude diagnosis, prescription, manipulation or adjustments of the human skeletal structure, or any other service, procedure or therapy which requires a license to practice orthopedics, physical therapy, podiatry, chiropractic, osteopathy, psychotherapy, acupuncture, or any other profession or branch of medicine.
3. Under certain medical conditions, massage & bodywork may not be advised. I affirm that I have accurately stated all my known medical conditions and physical limitations to the massage therapist. I will inform my massage therapist of any changes to this information prior to receiving future massage and bodywork treatments. I understand that any information I share with the massage therapist will remain confidential. If a massage could be potentially harmful to me or the therapist, the therapist has the right to decline to do the treatment.
4. It is necessary for the massage therapist to touch and observe my body in order to provide massage and bodywork therapy. I am aware that massage work is most effective when performed directly on the skin with the use of lubricants, and that all areas of my body not being massaged will remain draped. I give the massage therapist permission to work on my body in such a way. I understand that my comfort level is most important and that I may choose how much clothing to remove for a session.
5. I understand that it is important to provide the massage therapist with honest feedback. I agree to provide feedback about the effectiveness of the work, situations that may have been uncomfortable for me, massage techniques that I enjoyed, massage techniques that I did not like, or any other relevant information, as I become aware of it. I will let the massage therapist know if she does anything that makes me feel uncomfortable. I understand that I may stop the massage at any time and that I may refuse any massage methods.
6. I have received a copy of current policies for booking and service, and I agree to these policies.
7. I understand and agree that all session fees are payable at the end of the session. A processing fee of $25.00 may be charged and collected for checks on which payment has been refused.
8. I understand and agree that a massage therapy session may be terminated by the therapist for my inappropriate behavior, intoxication, infectious condition (i.e. COVID-19, flu, cold, etc.), or sexual advances. I understand that massage is strictly non-sexual and sexual interaction or discussion of any kind is never appropriate. Requests for sexual activity will not be tolerated and the session will be terminated immediately and payment for services will be rendered in full.

_____ _____

Client's Signature Date

Consent for treatment of a minor child:

By my signature below, I hereby authorize my child, _____ , to receive massage, bodywork, craniosacral, and somatic therapy techniques.

Signature of Parent/Guardian_____Date: _____