

Health History & Consent Form for Massage Therapy

Name: _____ Date of Birth: _____

Home or Cell phone: _____ Occupation: _____

Email: _____

Emergency Contact Person & Phone: _____

Have you received a massage before? Yes__ No__

What are your goals for this session: _____

Please list areas of tension, discomfort, and/or pain you wish to be addressed: _____

Health History:

Please list any surgical implants, recent injuries or surgeries: _____

I use organic coconut oil. Do you have allergies to coconut or tree nuts? Yes__ No__

Please mark an (X) by all current conditions and (P) for all past conditions:

___ High blood pressure

___ Low blood pressure

___ Varicose veins

___ Blood clots

___ Heart problems/stroke

___ Edema or Pitted Edema

___ Shortness of breath, asthma

___ Allergies/Sinus problems

___ Headaches, Migraines

___ Hearing problems or dizziness

___ Diabetes

___ Digestive problems

___ Arthritis/Tendonitis

___ Joint pain/stiffness

___ Numbness or tingling

___ Jaw pain/TMJ pain

___ Broken bones

___ Osteoporosis, degenerative spine/disk

___ Hernia

___ Cuts, broken skin, bruises

___ Rash/fungus/Athlete's foot

___ Warts

___ Contagious diseases or Infections

___ Other: _____

Consent for Treatment:

It is my choice to receive massage therapy. I am aware of the benefits and risks of massage and give my consent for massage. I understand that there is no implied or stated guarantee of success or effectiveness of individual techniques or series of appointments. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork 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 practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. Understanding all of this, I give my consent to receive care.

Client Signature: _____ Date: _____