



# Massage Informed Consent Form

Because a massage therapist must be aware of existing physical conditions I have stated all my known medical conditions and take it upon myself to keep the massage therapist update on my physical health. This massage is not a substitute for a medical exam and it is recommended that I see a physician for any physical ailments I might have. I understand that the massage therapist does not diagnose illness, disease or any other physical or mental disorder. The massage therapist prescribes neither medical treatment nor pharmaceuticals nor performs any spinal manipulations.

- If you are obviously ill (fever, cold symptoms, rashes, etc.) you will need to reschedule.
- Therapist may refuse service if at any time the massage appears inappropriate including sexual behavior (*remarks or requests*). Therapist or client has the right to end the session at any time.
- You are liable for all services rendered and any balance that insurance does not pay or cover.
- Please ask questions to thoroughly understand all aspects of the treatment.

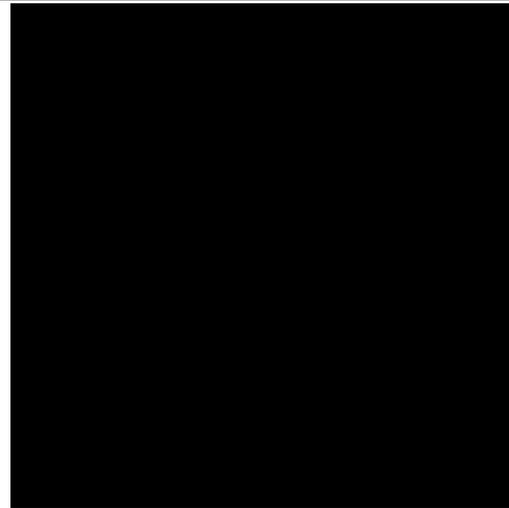
Have you seen a doctor recently for anything? \_\_\_\_\_

Have you had any recent injuries or illnesses? \_\_\_\_\_

What would you like from your massage today? \_\_\_\_\_

Are there any areas you DO NOT WANT included in your massage? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**- Mark Areas of Pain or Discomfort -**



**Signature** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Please check all that applies to you:**

- Pain
- Stress
- Stroke
- Cancer
- Cold/Flu
- Allergies
- AIDS/HIV
- Pregnant
- \*Due Date \_\_\_\_\_

- Seizures
- Diabetes
- Contact Lenses
- Cortisone Shots
- Blood Clot/DVT
- Kidney Disease
- High Blood Pressure
- Neuropathy/Numbness
- Fibromyalgia Syndrome

- Chronic Fatigue Syndrome
- Open cuts/Rashes/Bruising easily
- Bone Problems or Artificial Joints
- Taking any Medications?
- \_\_\_\_\_
- \_\_\_\_\_
- Other \_\_\_\_\_
- \_\_\_\_\_