



# Client Personal Information



Describe any treatment you've received for these particular issues

Describe your massage goals

# Health History Form



The information requested below will assist us in treating you safely. Feel free to ask any questions about the information being requested. Please note that all information provided below will be kept confidential unless allowed or required by law. Your written permission will be required to release any information.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Primary care physician: \_\_\_\_\_

Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Have you received massage therapy before?  Yes  No

Did a healthcare practitioner refer you for massage therapy?  Yes  No

If yes, please provide their name and address  
\_\_\_\_\_  
\_\_\_\_\_

## Current Medications

Do you have any other medical conditions?  
(e.g. digestive conditions, haemophilia, osteoporosis, mental illness)  Yes  No  
what? \_\_\_\_\_

Do you have any internal pins, wires, artificial joints or special equipment?  Yes  No  
what? \_\_\_\_\_ where? \_\_\_\_\_

## Health History

### Cardiovascular

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Congestive heart failure | <input type="checkbox"/> Embolism       | <input type="checkbox"/> Heart attack        |
| <input type="checkbox"/> Heart disease            | <input type="checkbox"/> Hemophilia     | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Low blood pressure       | <input type="checkbox"/> Pacemaker      | <input type="checkbox"/> Phlebitis           |
| <input type="checkbox"/> Poor circulation         | <input type="checkbox"/> Stroke         | <input type="checkbox"/> Thrombosis          |
| <input type="checkbox"/> Varicose veins           | <input type="checkbox"/> Family history |  |

# Health History Form



## Head & Neck

- Dizziness
- Hearing loss
- Vision loss
- Ear problems
- Jaw pain (TMJ)
- Vision problems
- Headaches
- Migraines

## Musculoskeletal

- Arthritis
- Osteoporosis
- Artificial joint
- Surgical pin/wire
- Bursitis
- Tendonitis

## Neurological

- Epilepsy
- Sensory loss/change
- Multiple sclerosis
- Sciatica
- Numbness/tingling
- Seizures

## Respiratory

- Asthma
- Emphysema
- Smoker
- Bronchitis
- Shortness of breath
- Tuberculosis
- Chronic cough
- Sinusitis
- Family history

## Reproductive

- Given birth
- Gynecological problems
- Pregnant

## Skin

- Bruise easily
- Skin irritations
- Skin conditions
- Skin infections

## Miscellaneous

- Anxiety
- Diabetes
- HIV/AIDS
- Cancer
- Digestive conditions
- Stress
- Depression
- Fibromyalgia
- Other \_\_\_\_\_

# Massage Practice Policy Notification



Thank you for choosing us as your massage therapist. To provide the best service possible, we have implemented the following policies:

## **Cancellation and No Show Policy**

We require at least 24 hours' notice to cancel an appointment. Clients who cancel an appointment with less than 24 hours' notice will be billed 50% of the scheduled service price. Clients who do not show up for a scheduled appointment or who do not notify us in advance will be billed for the full price of the scheduled service.

Last-minute cancellations due to verifiable emergencies, illnesses, or inclement weather may not result in any charges, at the practitioner's discretion.

## **Late Arrival Policy**

All scheduled appointments will end at their scheduled end times to keep us on schedule. Clients who arrive late to their scheduled appointment will be charged for the full session and will not receive a time extension.

For your first appointment, please arrive 15 minutes prior to your scheduled time to complete the Client Intake Form. For all other appointments, please arrive 5 minutes before your scheduled appointment time to allow time to undress and get on the table, for a relaxed, unhurried experience.

## **Service Termination**

This massage practice only offers professional massage and bodywork services for relaxation or therapeutic purposes. Massage services will be terminated immediately in the event of inappropriate conduct of any kind. This includes harassment, threatening speech or behavior, sexual advances or requests, or disrespectful actions or language. Sessions will also be terminated if the client is under the influence of drugs or alcohol.

If the massage is terminated for any of these reasons, full payment for the scheduled session is still required.

## **Draping Policy**

Clients will be appropriately draped with a sheet and/or towel at all times during their massage. Only areas of the body that are currently being treated will be exposed. The breast and genital areas will always remain draped and are never massaged.

Sign below to indicate you have read, fully understand, and will abide by the policies listed above.

Client Name (Please Print)

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Signature

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Date

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# Massage Guidelines and Expectations



1. Massage therapists provide only therapeutic massage and modalities within the scope of practice for this licensed profession. Clients with acute injuries or conditions outside the scope of practice for massage should consult their doctor.
2. This is a non-smoking, odor-neutral massage office.
3. All clients will be treated with respect and dignity. Personal and professional boundaries will be respected at all times.
4. Appointments are confirmed between one to two days prior to the scheduled time.
5. Clients must provide an accurate health history and agree to inform their therapist of any updates or changes to their health/medical condition.
6. Clients with signs, symptoms, or diagnosed contagious conditions or active infections at the time of the scheduled massage are asked to notify their massage therapist and reschedule their appointment.
7. All clients will be appropriately draped with a sheet at all times during the massage session. Only the area(s) of the body that are currently being worked will be exposed. The genital area is never exposed or massaged.
8. Massage sessions will begin and end at the scheduled time. Sessions that begin late due to the client's late arrival will end at the scheduled time, and the client will be billed for the full time.
9. Harassment of any kind is not tolerated. The session will be terminated if this occurs or if the practitioner's safety is compromised in any way.
10. Clients are expected to be clean and have showered prior to receiving a massage (on the same day).
11. Any client who arrives under the influence of drugs or alcohol will be asked to leave.
12. Clients are asked to avoid eating a heavy meal during the two hours prior to receiving a massage.
13. Client privacy and confidentiality will be maintained at all times.

Client Name (Please Print)

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Signature

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Date

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# Consent for Massage and Liability Waiver



## By signing below, you agree to the following:

- ◆ I voluntarily request and consent to receiving massage therapy.
- ◆ I understand that the massage services provided are intended for general wellness, stress reduction, and relief of muscular tension only.
- ◆ To the best of my knowledge, I do not have any injuries or conditions that would prevent me from safely receiving massage therapy. I understand the importance of informing my massage therapist of all known medical conditions and medications, and I acknowledge that additional risks may be associated with my physical condition.
- ◆ If I experience any pain or discomfort during the session, I will immediately inform my therapist so that the pressure or technique may be adjusted to my comfort level. I will not hold the massage therapist responsible for any discomfort I experience during or after the session.
- ◆ I understand that the potential risks associated with massage therapy include, but are not limited to:
  - Minor superficial bruising
  - Short-term muscle soreness
  - Aggravation of an unknown or pre-existing injury
- ◆ I affirm that I do not have any contagious conditions that could pose a risk to my massage therapist or other clients.
- ◆ I understand that I or the massage therapist may end the session at any time for any reason.
- ◆ I have had the opportunity to ask questions regarding massage therapy, and all of my questions have been answered to my satisfaction.

I acknowledge that I have been informed of the policies and procedures related to massage therapy and that I understand them. I understand that massage therapy is not a substitute for medical care and that I should consult a physician or other qualified health provider for any medical concerns. I further understand that massage therapists do not diagnose or treat illness, injury, or disease, and that nothing said during the session should be interpreted as medical advice or diagnosis. My consent is informed and voluntary, and I understand that I may withdraw it at any time, except for services already provided.

Client Name (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

# Massage Liability Release Form



**By signing this form, you agree to the following:**

- ◆ I understand that the massage service offered is for the therapeutic purpose of general wellness, stress reduction, and relief of muscular tension.
- ◆ Information about massage therapy, potential benefits, effects, risks, contraindications, and possible alternative therapies have been explained to me and I understand this information.
- ◆ I understand the risks associated with massage therapy include, but are not limited to:
  - Superficial bruising
  - Short-term muscle soreness
  - Exacerbation of an unknown or undiscovered injury
- ◆ I have been given the opportunity to ask questions about massage therapy and my questions have been answered to my satisfaction.
- ◆ If I experience any pain or discomfort, I will immediately inform my therapist so that the pressure or techniques can be adjusted to my comfort level. I will not hold my massage therapist responsible for any pain or discomfort I experience during or after the session.
- ◆ I have provided my therapist with an accurate and complete medical history and agree to inform my therapist of any new diagnoses, or changes in my health or medications.
- ◆ I do not have any injuries or conditions that prevent me from receiving massage therapy. I understand the importance of informing my massage therapist of all medical conditions and medications that I am taking, and that there may be additional risks based on my physical condition.
- ◆ I understand that I or the massage therapist may terminate the session at any time.
- ◆ I release the massage therapist and the business from all liability for any harm that may unintentionally result from this treatment.

By signing this form, I agree to the conditions outlined above and release the massage therapist and business from all liability for any harm that may unintentionally result from this treatment.

Client Name (Please Print)

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Signature

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Date

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