

*body*Mechanics

Massage Therapy, LLC

Confidential Client Health History and Consent for Therapy

Name _____ Date of birth _____

W Phone _____ H Phone _____ Mobile _____

Mailing address _____

City _____ State _____ Zip _____

Email address _____ How did you hear of us? _____

Would you like to receive occasional newsletters and promotional offers by email? _____

Your occupation: _____

Have you ever had a professional Massage? Y N

What is your major concern today? _____

Other areas of concern? _____

How would you describe your discomfort today? _____

Are you currently under the care of a health practitioner for any reason? _____

List previous injuries including broken bones not requiring surgery _____

List herbs or medications you take _____

Please review list and circle any illness and/or medications which apply at this time

Diabetes	Heart condition	Ruptured/bulging discs	HIV/Aids
Arthritis	Skin disorders	Elevated Cholesterol	Cancer
Seizures	Varicose Veins	Infectious conditions	Stroke
Pregnant (wks _____)	Chronic fatigue	Athletes foot/fungus	Phlebitis
Painful Joints	Fibromyalgia	Previous motor vehicle accident	Scoliosis
Multiple Sclerosis	Pins/needles	High or Low Blood Pressure	Hepatitis ABC

Other _____

Consent for Therapy

- The unclothed body will be properly draped at all times for your warmth, sense of security and as a mark of professionalism.
- Focused attention and manual therapy will be given as agreed upon by the therapist and client for the predetermined goals of stress reduction, relief of muscular discomfort, and of health promotion.
- I as a client agree to provide complete and accurate health information.
- I understand that massage therapy is designed to be an ancillary health aid and is not suitable for primary medical treatment.
- I will immediately inform my therapist of any unusual sensations or discomfort so that the application of pressure of strokes may be adjusted to my level of comfort.
- I understand that this professional massage is therapeutic in nature and is performed by a trained licensed massage therapist.
- **I understand that the massage is NOT sexually oriented in any way and that any sexually suggestive remarks or behavior on my part will result in immediate termination of the session.**
- I understand that by signing this form I give my consent to receive the treatment discussed in this and all future sessions and agree that my presence at subsequent sessions shall be construed to be validation of this written consent.
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I do hereby state that all information above is true to the best of my knowledge and do agree to inform my therapist should anything change in the future. Based on the information I have given above I consent to therapy and understand that this is a wellness treatment and not a replacement for medical treatment. All client information is considered strictly confidential. We will provide receipts for services rendered upon request. We do not bill insurance nor do we supply chart notes unless previously arranged with your therapist.

Signed _____ Date _____