

ARE YOU CURRENTLY UNDER MEDICAL SUPERVISION?_____IF SO PLEASE EXPLAIN_____

ARE YOU CURRENTLY UNDER THE CARE OF A CHIROPRACTOR?_____

ARE YOU RECEIVING ACUPUNCTURE OR OTHER FORM OF "ALTERNATIVE HEALTHCARE"?_____

WHAT ARE YOUR GOALS EXPECTATIONS FOR THIS MASSAGE SESSION?_____

DRAPING WILL BE USED DURING THE MASSAGE THERAPY SESSION. ONLY THE AREA BEING WORKED ON WILL BE UNCOVERED.

CLIENTS UNDER THE AGE OF 18 MUST BE ACCOMPANIED BY A PARENT OR LEGAL GUARDIAN DURING THE ENTIRE SESSION. INFORMED WRITTEN CONSENT MUST BE PROVIDED BY PARENT OR LEGAL GUARDIAN FOR ANY CLIENT UNDER THE AGE OF 18.

I, _____ (PRINT NAME) UNDERSTAND THAT THE MASSAGE /BODYWORK I RECEIVE IS FOR THE BASIC PURPOSE OF RELAXATION AND RELIEF OF MUSCULAR TENSION. IF I EXPERIENCE ANY PAIN OR DISCOMFORT DURING THIS, OR ANY OTHER 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 OR 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 THAT I AM AWARE OF. BECAUSE MASSAGE 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 THERAPIST UPDATED AS TO ANY CHANGES IN MY MEDICAL PROFILE AND UNDERSTAND THAT THERE SHOULD BE NO LIABILITY ON THE THERAPISTS PART SHOULD I FAIL TO DO SO. I ALSO UNDERSTAND THAT ANY ILLICIT OR SEXUALLY SUGGESTIVE REMARKS OR ADVANCES MADE BY ME WILL RESULT IN THE IMMEDIATE TERMINATION OF THE SESSION, AND I WILL LIABLE FOR PAYMENT OF THE SCHEDULED APPOINTMENT.

I UNDERSTAND THAT MY APPOINTMENT TIMES ARE RESERVED EXCLUSIVELY FOR ME AND THAT A 24 HOUR NOTICE OF CANCELLATION IS REQUIRED OR THERE WILL BE A FEE INCURRED

I UNDERSTAND THAT WHEN I BOOK AN APPOINTMENT, A SPECIFIC TIME SLOT IS BEING RESERVED FOR ME. IF I DO NOT ARRIVE ON TIME FOR MY APPOINTMENT, I WILL NOT RECEIVE MY FULL TIME

SIGNATURE_____ DATE_____