

Circle any of the following health conditions that you currently have (if you are unsure, please ask): blood clots infections, congestive heart failure, contagious diseases, pitted edema

(Please answer honestly, as massage may not be indicated for the above conditions.)

Please indicate conditions that you have or have had in the past. Explain in detail, including treatment received:

- | | | | | | |
|----------------|-------------|--|----------------|-------------|------------------------------|
| Current | Past | muscle or joint pain | Current | Past | swelling |
| Current | Past | numbness or tingling | Current | Past | bruise easily |
| Current | Past | stroke, heart attack | Current | Past | varicose veins |
| Current | Past | shortness of breath, asthma | Current | Past | epilepsy, seizures |
| Current | Past | headaches, migraines | Current | Past | broken bones |
| Current | Past | dizziness, ringing in the ears | Current | Past | depression/anxiety |
| Current | Past | kidney disease, infection | Current | Past | diabetes |
| Current | Past | arthritis (rheumatoid, osteoarthritis) | Current | Past | scoliosis |
| Current | Past | osteoporosis, degenerative spine/disk | Current | Past | cancer |
| Current | Past | neurological (e.g. MS, Parkinson's, etc.) | Current | Past | digestive conditions |
| Current | Past | gas, bloating, constipation | Current | Past | sensitive to touch, pressure |
| Current | Past | endocrine/thyroid conditions | Current | Past | high/low blood pressure |
| Current | Past | memory loss, confusion, easily overwhelmed | Current | Past | allergies, please list below |

allergies: _____

Consent for Treatment

If I experience 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. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. Understanding all of this, I give my consent to receive care.

Client Signature: _____

Date: _____

Parent or Guardian Signature: _____

Date: _____