



NCH Wellness Massage Therapy Consent Form

This form must be completed and signed before receiving a massage

Client Name: _____ Date: _____

Date of Birth: _____ Phone #: _____ Email Address: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

General and Medical Information

Have you ever experienced a professional massage? _____

Which area(s) would you like to focus on during this massage? _____

Which area(s) do you not wish to be massaged? _____

Please list any medications that could affect this massage, such as blood thinners:

Please check if you have any of the following conditions. If *yes*, please explain below as clearly as possible.

<input type="checkbox"/>	Stress	<input type="checkbox"/>	Phlebitis	<input type="checkbox"/>	Artificial Joint
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Wear contact lenses	<input type="checkbox"/>	Back Pain
<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Cardiac/Circulatory Problems	<input type="checkbox"/>	Contagious Skin Condition
<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Frequent Headaches/Migraines	<input type="checkbox"/>	Skin Issues
<input type="checkbox"/>	Osteoporosis	<input type="checkbox"/>	Epilepsy or seizures	<input type="checkbox"/>	Bruise easily
<input type="checkbox"/>	Joint swelling	<input type="checkbox"/>	Varicose Veins	<input type="checkbox"/>	Open cuts or sores
<input type="checkbox"/>	Numbness	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	Allergies/Sensitivity
<input type="checkbox"/>	Pacemaker	<input type="checkbox"/>	Low Blood Pressure	<input type="checkbox"/>	Asthma
<input type="checkbox"/>	Musculoskeletal Problems	<input type="checkbox"/>	Sensitivity to Pressure/Touch	<input type="checkbox"/>	Carpal Tunnel Syndrome
<input type="checkbox"/>	TMJ	<input type="checkbox"/>	Surgery in the past 5 years (list below)	<input type="checkbox"/>	Injuries in the past 2 years? (list below)
<input type="checkbox"/>	Currently Pregnant	<input type="checkbox"/>	Other conditions? (list below)	<input type="checkbox"/>	

Comments: _____

Cancellations & Expiration Dates: I understand that NCH Wellness requires a 24 hour minimum cancellation notice for all massage appointments. The fee for the scheduled massage will be charged to the credit card, gift certificate, or prepaid massage package on file for any cancellations with less than a

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24 hour notice or a no-show for the appointment, with no exceptions. Massage packages expire 18 months from the date of purchase. Individual massages and massage packages are non-transferrable and non-refundable. Upon request, courtesy appointment reminder emails may be sent; however, NCH Wellness is not responsible for reminding clients of their scheduled massages.

Liability Release: I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment. I understand that massage therapists 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 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 massage therapist updated as to any changes in my medical profile during the session and understand that I shall assume all liability for damages sustained as a result of my failure to provide the massage therapist with any changes. I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session and/or loss of massage service privileges. I also understand that the Licensed Massage Therapist reserves the right to refuse to perform massage on anyone who he/she deems to have a condition for which massage is contraindicated.

Client Signature: _____ Date: _____