

North Suburban Wellness, LLC

Massage Therapy Consent Form

This form must be completed and signed before receiving a massage.

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Male Female Age: _____ Birthdate: _____ Physician, if referred: _____

Occupation: _____

Were you referred? Yes No If yes, by whom: _____

Get Rewarded for referring patients: 30 Min. Massage Target Gift Card
 Lettuce Entertain You Gift Card iTunes Gift Card

General & Medical Information:

Have you ever experienced a professional massage? Yes No How recently? _____

Do you have any of the following conditions? If checked (✓), please explain below as clearly as possible.

- | | | |
|---|---|---|
| <input type="radio"/> Stress | <input type="radio"/> Allergies | <input type="radio"/> Contagious disease |
| <input type="radio"/> Diabetes | <input type="radio"/> Wear contact lenses | <input type="radio"/> Back Pain |
| <input type="radio"/> Pregnant | <input type="radio"/> Cancer | <input type="radio"/> Cardiac or circulatory problems |
| <input type="radio"/> Arthritis | <input type="radio"/> Sensitive to touch or pressure | <input type="radio"/> Frequent headaches |
| <input type="radio"/> Osteoporosis | <input type="radio"/> Epilepsy or seizures | <input type="radio"/> Bruise easily |
| <input type="radio"/> Joint swelling | <input type="radio"/> Varicose veins | <input type="radio"/> Depression |
| <input type="radio"/> Numbness or stabbing
(Specify below) | <input type="radio"/> Tension or soreness
(Specify below) | <input type="radio"/> High blood pressure. If yes, are
you taking medication for this? |
| <input type="radio"/> Surgery in the past five years?
Explain below. | <input type="radio"/> Accident or suffered any
injuries in past 2 years? | <input type="radio"/> Other medical conditions not
listed? |

Comments:

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 therapist 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 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 profile during the session and understand that there shall be no liability on the massage therapist's part should I fail to do so. I understand that any illicit or sexual suggestive remarks or advances made by me will result in immediate termination of the session. I am aware that the massage therapist is not an employee of North Suburban Wellness, LLC but is an independent contractor; therefore, *North Suburban Wellness, LLC* does not warrant the performance of his/her services. I also understand the Licensee Massage Therapist reserves the right to refuse to perform massage on anyone whom he/she deems to have a condition for which massage is contraindicated.

Client Signature: _____ Date: _____