

MASSAGE CONSENT FORM

Na	me:		
In	orde	r to b	petter serve you, please provide us with the information below.
Υ	N	1.	Will this be your first professional massage?
Υ	N		Are you at least 18 years of age? (Clients under the age of 18 cannot be serviced without
			parental consent.)
Υ	N	3.	Do you have any problems that would be adversely affected by heat, percussion, or deep massage?
Υ	N	4.	Are you pregnant? If yes, how many weeks?
		5.	Do you have a history with any of the following?
Υ	N		Varicose Veins or Blood Clots
Υ	N		Heart Problems
Υ	N		High Blood Pressure
Υ	N		Diabetes
Υ	N		Cancer: If yes, are you released by your physician to receive massage? Y N
Υ	Ν		Spinal Problems or Hemiated Discs
Υ	N		Skin Problems or Specific Allergies:
Υ	N		Surgeries:
Υ	N	6.	Are you currently taking any prescription drugs, blood thinners (Aspirin), pain relievers, or supplements? In treatment of what?
Υ	N	7.	Do you have any other relevant medical concerns not listed above?
		8.	Please list any areas in which you would like specific attention during your massage.
			, understand that massage therapy performed at The Spa, by
', _ Мі	tchal	l'e ie	for the sole purpose of relaxation. With awareness that certain physiological effects of
			clude circulatory enhancement and relief from muscular tension or discomfort. I
			that my massage therapist is <i>not</i> a physician and <i>cannot</i> diagnose or prescribe towards
			I condition or disease. I understand that it is my responsibility to notify my therapist of any
			my health or medical history. I understand that it is ultimately my responsibility to notify
	_		e therapist if I am ever in any discomfort or pain. I understand that any soreness or
			dical condition incurred during my massage will be at my fault alone. I hereby state that I
			ne information above and have provided The Spa, by Mitchell's with all notable information
			of my knowledge.
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OI(ynatt	ire o	f Client/Guardian Date