

Client Information and Consent for Event-Based Massage and Bodywork

Thank you for your interest in massage/bodywork therapies. Please fill out the information completely and accurately.

Name: _____ Date of Birth: _____

Mailing Address: _____

Phone: _____ Email: _____

1. Do you have any medical conditions or have you recently had an injury or surgery that could be affected by today's massage/bodywork session? Yes ☐ No ☐

If yes, please explain:

2. Are you currently under a physician's supervision for this condition/injury/surgery? Yes No

If yes, please explain:

3. List your current medications (if any):

Please read the following statement, then sign and date below to indicate you have read and understand it.

Massage/bodywork should not be performed under certain medical conditions. In light of this, I affirm that I have stated all my known medical conditions and have answered all questions honestly and completely. I understand there shall be no liability on the practitioner's part for the aggravation of conditions that were present, but not disclosed, at the time of signing and which may be affected by the massage/bodywork session. Understanding that massage/bodywork is not a substitute medical examination, diagnosis, or treatment, I give my consent to receive massage/bodywork.

Print name: _____

Signature: _____ Date: _____

Parent/Guardian permission (in case of a minor): _____

For practitioner use only

Practitioner name: _____

Medical condition? Yes ☐ No ☐

Refused care? Yes ☐ No ☐

If no, note precautions taken:

Note treatment provided: (what you did, where you did it, for how long)
