

Amherst Wellness Center

Massage Informed Consent

Do you have any allergic reactions to oils, lotions, or other substances put on your skin? Yes No

If yes please explain _____

Are you wearing

Contact Lenses Dentures Hearing Aids

Please check any condition listed below that applies to you:

- | | |
|---|---|
| <input type="checkbox"/> contagious skin condition | <input type="checkbox"/> deep vein thrombosis/blood clots |
| <input type="checkbox"/> phlebitis | <input type="checkbox"/> osteoporosis |
| <input type="checkbox"/> easy bruising | <input type="checkbox"/> headaches/migraines |
| <input type="checkbox"/> joint disorder | <input type="checkbox"/> cancer |
| <input type="checkbox"/> open sores or wounds | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> recent accident or injury | <input type="checkbox"/> decreased sensation |
| <input type="checkbox"/> recent surgery | <input type="checkbox"/> TMJ |
| <input type="checkbox"/> artificial joint | <input type="checkbox"/> carpal tunnel syndrome |
| <input type="checkbox"/> sprains/strains | <input type="checkbox"/> tennis/golfers elbow |
| <input type="checkbox"/> high or low blood pressure | <input type="checkbox"/> heart condition |
| <input type="checkbox"/> varicose veins | <input type="checkbox"/> pregnancy If yes, how many months? |

Please explain and conditions checked above or any other conditions your therapist should know about:

I, _____(print name) 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 this 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 and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. 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 therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so. I understand that no inappropriate comments or conduct will be tolerated and that any indication of such will automatically end the session.

Signature of client _____ Date _____
(or client's legal guardian)