

MASSAGE THERAPY RELEASE FORM

PLEASE REVIEW THIS LIST AND CIRCLE ANY ILLNESS AND/OR MEDICAL CONDITIONS WHICH APPLY **CURRENTLY OR IN THE LAST FIVE YEARS.**

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|-------------------------------|----------------------------|
| Heart Condition | Numbness or stabbing pains |
| Ruptured or bulging disc | Frequent headaches |
| Infectious conditions | Low blood pressure |
| Diabetes | Allergies |
| Pins/Needles | Osteoporosis |
| Pregnancy | Easy Bruising |
| High Blood Pressure | Circulatory problems |
| Varicose veins or blood clots | Back Pain |
| Fibromyalgia | Chronic fatigue |
| Digestive problems | Dizziness/fainting |
| Mental illness | Kidney disorders |
| Cancer | Seizures |
| Constipation | Arthritis |
| Edema | Phlebitis |
| Insomnia | Loss of balance |
| TMJ disorder | Skin rashes |
| Other _____ | |

DO YOU WEAR A HEARING AID? _____ CONTACTS? _____ DENTURES? _____
PACEMAKER? _____

IN WHICH PART OF YOUR BODY DO YOU EXPERIENCE
STRESS? _____

IS YOUR STRESS LEVEL LIGHT? _____ MODERATE? _____ HEAVY? _____

LIST INJURIES **NOT REQUIRING SURGERY** THAT OCCURRED WITHIN THE PAST 2 YEARS.

I.E. BROKEN BONES, TORN LIGAMENTS, AUTO ACCIDENT _____

PLEASE LIST ALL MEDICATIONS YOU CURRENTLY TAKE (include over the counter medications as well as vitamins/herbs)

ARE YOU SENSITIVE TO TOUCH IN ANY
AREAS? _____

PLEASE DESCRIBE YOUR
EXERCISE _____

PLEASE CIRCLE YOUR LEVEL OF EXERCISE (daily, several times per day, rarely)

Please take a moment and carefully read the following information and sign where indicated.

I understand that this information will be treated confidentially.

In order to maximize the effectiveness and safety of massage sessions, I agree to give feedback during and at the end of my sessions.

I understand that I will need to update my therapist on my health and well-being prior to each session.

I understand that the massage/bodywork I receive is provided for the relief of muscular tension and soreness. If I experience any pain or discomfort during this session, I will immediately inform the therapist.

I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a qualified medical specialist for any physical or mental ailment of which I am aware.

I understand that massage therapists/bodyworkers are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or emotional conditions and that nothing said during the course of treatment should be construed as such.

I affirm that I have stated all my known medical conditions and have answered all questions honestly. I understand that there shall be no liability on the practitioner's part should I forget to do so.

CLIENT SIGNATURE _____ **DATE** _____