

## **Informed consent for treatment**

**Please mark each box to acknowledge that you have read and understand each statement.**

- I am voluntarily wishing to experience a massage session and I'm seeking massage of my own accord for the purposes that massage is intended for. Purposes include but are not limited to relaxation, mental wellness, relief of tension of sore muscles, improved circulation and range of motion.
- I understand that a massage therapist does NOT diagnose, treat illness, prescribe medication, or do spinal adjustments and is not a substitute for medical care.
- Because massage should not be performed under certain conditions I have informed my massage therapist to any and all medications/drugs I am taking and medical conditions. I agree to update my practitioner of any changes in mental, emotional, or physical health and do not hold my practitioner liable if I fail to do so.
- I understand that ANY illicit or sexually suggestive remarks or advances made by me will result in the termination of the session, and I WILL be liable for the full payment of the session.
- It is my duty to immediately inform the practitioner of any discomfort during the massage (i.e. pressure, temperature, or conversation).
- I understand that my time as well as the practitioner are valuable. I have carefully considered my schedule when making my appointment and have not committed to a time that might be questionable.
- If I need to cancel I will give a 24 hour notice. (Medical emergencies excluded) Otherwise I will be charged in full for the missed session.
- I understand that if I'm late the practitioner will try to accommodate the remaining time available, but I will be charged for the originally scheduled appointment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Consent for a minor**

My signature below authorizes the massage therapist to administer treatment to my child/dependant as discussed and deemed necessary by the information provided..

Parent/guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BodyWorks Wellness Spa  
909 28<sup>th</sup> Avenue  
Greeley, CO 80634  
(970) 388-3957



# BodyWorks Wellness Spa

## CONFIDENTIAL CLIENT INFORMATION AND HISTORY

Name (Please print): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ (h/w/c) Secondary #: \_\_\_\_\_ (h/w/c)

Would you like reminder texts? (Y/N) May we contact you on Facebook? (Y/N)

If yes name we may find you as on Facebook: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Occupation \_\_\_\_\_

Referred By: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

1) Have you ever had a professional massage? (Y/N) How long ago? \_\_\_\_\_

2) How Frequently do you get massage? \_\_\_\_\_

3) Reason for todays visit? \_\_\_\_\_

4) Please list any recent (5 yrs or less) injury, surgery, accidents, medical treatments, illness, and/or hospitalizations: \_\_\_\_\_

5) Do you feel you have recovered from these? (Y/N)

6) Are you currently under the care of a doctor/healer/naturalpath etc? (Y/N)

7) If yes for what? \_\_\_\_\_

8) Please list any otc., medical, prescription, drugs, supplements, and/or herbs you're taking: \_\_\_\_\_

9) Do you have any allergies? (Y/N)

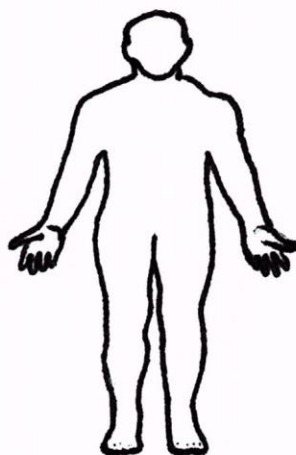
10) What are you allergic to? \_\_\_\_\_

11) Do you have any other questions or concerns you wish to discuss? \_\_\_\_\_

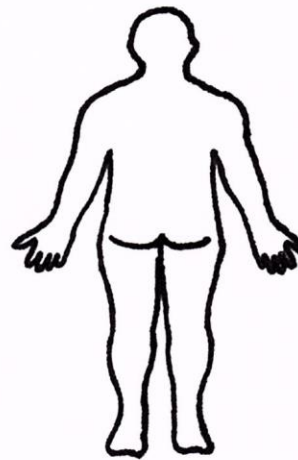
9) Do you have any chronic or ongoing pain? (Y/N) Please indicate on diagram below



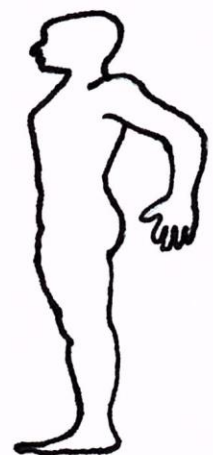
Right



Front



Back



Left