

# Massage Consultation Form

## Instructions:

Please complete the following form to provide your massage therapist with essential information regarding your health history, preferences, and to give consent for the massage therapy session. Your responses will help ensure a safe and effective massage experience. Please answer all questions accurately and to the best of your ability. If you are unsure about any question, feel free to ask your therapist for clarification.

## Patient Information:

<b>Full Name:</b>	
<b>Date of Birth:</b>	
<b>Gender:</b>	
<b>Address:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	
<b>Emergency Contact:</b>	
<b>Emergency Contact Number:</b>	
<b>Physician's Name:</b>	
<b>Physician's Contact:</b>	

## Health History:

<b>Reason for Massage:</b>	
<b>Any Current Medical Issues:</b>	
<b>Medications:</b>	

<b>Allergies:</b>	
<b>Previous Surgeries:</b>	
<b>Current Pain Level (1-10):</b>	
<b>Preferred Massage Type:</b>	
<b>Areas to Focus On:</b>	
<b>Pressure Preference:</b>	
<b>Additional Comments:</b>	

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### **Informed Consent:**

I, \_\_\_\_\_, hereby consent to receive massage therapy from \_\_\_\_\_. I understand that massage

therapy involves the manipulation of soft tissue and muscles to promote relaxation, alleviate pain, improve circulation, and enhance overall well-being. I have been informed that the massage therapist will discuss any significant findings that arise during the session and any necessary recommendations for further treatment.

I acknowledge that massage therapy is not a substitute for medical treatment or diagnosis, and I have disclosed all relevant medical conditions, medications, and concerns to my therapist. I understand that it is my responsibility to inform the therapist of any changes in my health status or medical history.

I understand that there may be risks associated with massage therapy, including but not limited to bruising, soreness, and allergic reactions to oils or lotions used during the session. I agree to communicate openly with my therapist about my comfort level during the massage and to inform them immediately of any discomfort or pain experienced during the session.

I understand that I have the right to refuse any massage techniques or modalities and to terminate the session at any time. I release the therapist, their associates, and the facility from any liability arising from the massage therapy session, except for acts of gross negligence or intentional misconduct.

I have read and understand the above information and voluntarily consent to receive massage therapy.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Therapist Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_