

Informed Consent

Every type of health care is associated with some risk of a potential problem. We want you to be informed about potential problems associated with therapeutic massage before consenting to treatment.

Circulatory Changes: Massage can often affect circulation which may include **increasing local circulation** and temporarily **decreasing systemic blood pressure**, which can be therapeutic in many situations but may cause harm in some cases such as: unknown blood clots being dislodged could cause **embolism or stroke** which can cause temporary or permanent dysfunction of the brain, with a very rare complication of death. For this reason please divulge any cardiovascular history or medications so that safe, appropriate modifications can be made.

Soreness: It is common for massage therapy or exercise to result in a temporary increase in soreness in the region being treated. This is nearly always a temporary symptom that occurs while your body is undergoing therapeutic change. It is not dangerous, but if it occurs please let us know and if it remains, be sure to inform your physician.

Other Problems: There may be other problems such as **muscle, ligament, joint or nerve injury, skin burns from heat packs** or rare complications that might arise from massage therapy treatment other than those noted above. These other problems or complications occur so rarely that it is not possible to anticipate and/or explain them all in advance of treatment.

Please Initial and Sign below:

___ I am aware of the benefits and risks of massage therapy and consent to the following massage therapy techniques: Swedish, Deep Tissue, Myofascial Release, Trigger Point Therapy, Neuromuscular Techniques, Range of Motion, Stretching.

___ Areas to be treated in full body massage include face, neck, scalp, shoulders, muscles of the chest and ribcage, arms, hands, back, buttocks, hip flexors, legs and feet. (Avoiding breast and genitals)

List any additional areas you wish to be avoided _____.

___ I understand that draping will be used during the session; if I become uncomfortable for any reason, I may ask the therapist to stop the massage and she will. I understand that Texas massage therapists shall not engage in breast massage of female clients without the written consent.

___ I understand there is no guarantee of effectiveness of any technique. Massage is not a substitute for medical diagnosis or treatment, and is not a cure for any disease or symptom.

___ I have stated all medical conditions and will inform the therapist of any changes. I will not hold the therapist liable for any medical information I have not disclosed.

Client Signature

Date

Therapist Signature

Date

Name

_____/_____/_____
Birthdate

Phone

Email

Address

City

State

Zip

Emergency Contact Name

Emergency Contact Number

How did you hear about us? _____

(Circle any that apply:)

My primary goal for seeking massage is to help address:

Pain / stress / tension / numbness / fatigue / anxiety / depression / loss of range of motion / circulation

My chief complaint is:

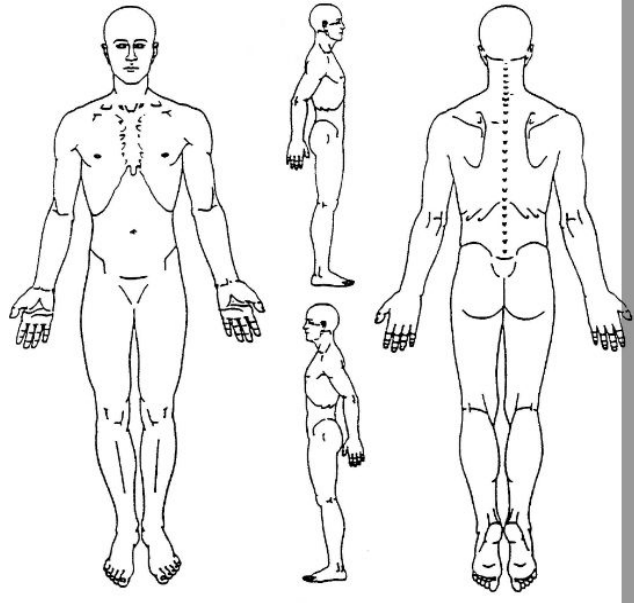
Any other health professionals you have seen for this condition? _____

Exercise/stretching habits:

Average day most time is spent:
sitting/standing/walking/ other activity?

Health History (this helps me determine how I may need to modify massage for your personal health and safety)

- ___ Fever (past 5 days)
- ___ Diabetes
- ___ Pregnant, Trimester ___
- ___ Cancer/Tumors
- ___ Chronic Fatigue Syndrome
- ___ Fibromyalgia
- ___ Autoimmune Disorder



Musculoskeletal

- ___ Migraines/Headaches
- ___ Osteoporosis
- ___ Tendonitis/Bursitis
- ___ Spinal Problems
- ___ Herniated/bulging/degen. disks

Respiratory

- ___ Asthma
- ___ Emphysema
- ___ Seasonal Allergies

Circulatory

- ___ High/Low Blood Pressure
- ___ Heart Condition
- ___ Varicose Veins
- ___ Blood Clots
- ___ Lymphedema
- ___ Peripheral Vascular Disease

Skin

- ___ Allergies scents/oils
- _____
___ Rashes/sores/athlete's foot

Nervous System

- ___ Numbness/Tingling
- ___ Pinched Nerve
- ___ Chronic Pain
- Other: _____

Do you have any **other** medical issues including past surgeries or injuries that I should be aware of before giving you massage? Please describe: _____

Any prescription **medications**? _____