# SPA SERENE

MASSAGE & FACIAL

Massage Consent Form

Name: _____

## Medical Information

Are you taking any medications? ☐ yes ☐ no

If yes, please list name and use: _____

_____

_____

Are you currently pregnant? ☐ yes ☐ no

If yes, how far along? _____

Any high risk factors? _____

Do you suffer from chronic pain? ☐ yes ☐ no

If yes, please explain _____

_____

_____

What makes it better? _____

_____

What makes it worse? _____

_____

Have you had any orthopedic injuries? ☐ yes ☐ no

If yes, please list: _____

_____

_____

Please indicate any of the following that apply to you.

- ☐ Cancer
- ☐ Headaches/Migraines
- ☐ Arthritis
- ☐ Diabetes
- ☐ Joint Replacement(s)
- ☐ High/Low Blood Pressure
- ☐ Neuropathy
- ☐ Fibromyalgia
- ☐ Stroke
- ☐ Heart Attack
- ☐ Kidney Dysfunction
- ☐ Blood Clots
- ☐ Numbness
- ☐ Sprains or Strains

Explain any conditions you have marked above:

_____

_____

_____

## Massage Information

Have you had a professional massage before? ☐ yes ☐ no

What pressure do you prefer?

☐ Light ☐ Medium ☐ Deep

Do you have any allergies or sensitivities? ☐ yes ☐ no

Please explain _____

_____

Are there any areas (feet, face, abdomen, etc.) you do not want massaged? ☐ yes ☐ no

Please explain _____

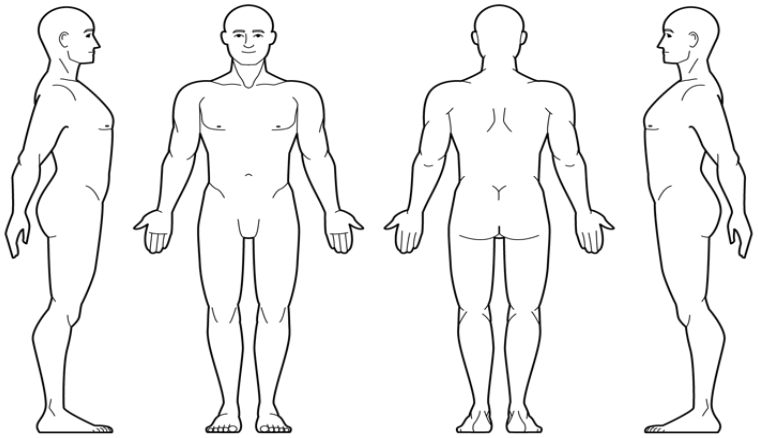
_____

What are your goals for this treatment session?

_____

_____

Please circle any areas of discomfort



By signing below, you agree to the following:
Sexual misconduct will not be tolerated and will result in immediate termination of session and client will be liable for full payment of the scheduled appointment.
I understand that the massage I receive is provided for the purpose of relaxation and relief of muscular tension. I also understand that my massage therapist is not qualified to diagnose, prescribe, or treat any physical or mental illness.
I have completed this form to the best of my ability and knowledge and agree to inform my therapist of any changes to the information I provided.
I agree to waive all liabilities toward my massage therapist and the employer for an injury or damages incurred due to any misrepresentation of my health history.

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____