



Massage Therapy Consent Form

Client Information

Name

First Name

Last Name

Age

Date of Birth

Month Day

Year

Email

example@example.com

Phone Number

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Emergency Contact Details

In case of emergency, we will contact the person below:

Emergency Contact Name

First Name Last Name

Phone Number

Relationship

Health Data

Do you have any allergies?

If yes, please specify on the field above.

Are you currently taking any medications?

If yes, please specify on the field above.

Are you pregnant or nursing? (Female only)

Have you been recently hospitalized?

If yes, please specify on the field above.

Do you have any current injuries?

If yes, please specify on the field above.

Current medical conditions like Asthma, Diabetes, Heart problems, Kidney problems, epilepsy, scoliosis, communicable disease, etc.?

If yes, please specify on the field above.

Location of painful areas

Consent and Waiver

I, undersigned, agree with the following statements:

I authorize this massage spa clinic/center to perform the treatment or necessary procedure for

I authorize the use of lotion, oil, and ointments to my body.

I acknowledge that I have consulted a physician before undergoing this massage treatment. I understand that I should consult my doctor before the procedure.

I understand that this is an alternative treatment and if there are any medical concerns, I need to talk to my physician.

I acknowledge that this massage therapy has no sexual intent and touching the therapist is strictly prohibited.

I release this massage spa clinic/center for any responsibility in case of an accident, illness, or injury.

I acknowledge that all information I provided in this form is true and accurate.

Date Signed

Month Day Year