



<https://sagensatinwellness.ca/>  
[info@sagensatinwellness.ca](mailto:info@sagensatinwellness.ca)  
(587)-437-5062

## Massage Therapy Consent Form

Welcome to Sage N' Satin Wellness Inc. Your health and well-being are our top priorities. Please take a moment to fill out this consent form to ensure we provide you with the best possible care tailored to your specific needs and health status. All information provided will be treated with strict confidentiality.

### Personal Information

Full Name: \_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_\_\_

Contact Number: \_\_\_\_\_

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

### Health History

Do you have any allergies (e.g., to oils, lotions, aromas)? Yes ☐ No ☐

If yes, please specify: \_\_\_\_\_

Are you currently under medical treatment? Yes ☐ No ☐

If yes, please specify the condition and treatment: \_\_\_\_\_

Have you had any surgery in the last 12 months? Yes ☐ No ☐

If yes, please provide details: \_\_\_\_\_

Do you have any of the following conditions? (Please check all that apply)

☐ High blood pressure

☐ Low blood pressure

☐ Diabetes

☐ Heart conditions

☐ Skin conditions

☐ Musculoskeletal injuries

☐ Any other medical conditions not listed (please specify): \_\_\_\_\_



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#### Massage Therapy Information

Have you received massage therapy before? Yes ☐ No ☐

If yes, what type(s) of massage? \_\_\_\_\_

What are your primary goals for today's session? (e.g., relaxation, pain relief, etc.)

Are there any areas of your body that are particularly sensitive or should be avoided?

#### Consent and Acknowledgement

I understand that massage therapy is not a substitute for medical treatment or medications, and it is recommended that I concurrently work with my Primary Care Physician for any medical conditions I may have.

I acknowledge that I have disclosed all relevant health information to my massage therapist and will update them of any changes to my health status.

I understand the potential benefits and risks associated with massage therapy, including temporary discomfort, bruising, swelling, and a temporary increase in muscle soreness.

I consent to receive massage therapy and agree to abide by the policies and procedures of Sage N' Satin Wellness Inc.

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

Thank you for taking the time to complete this form. We look forward to providing you with a relaxing and rejuvenating experience.