

## Myofascial Clinic of Beaumont, Texas Craig Connors, Owner/Therapist POLICY, PROCEDURES, AND LIABILITY WAIVER

## The Massage Nerd – Waiver of Liability

DATE:				
agents, and/o of any treatm	r assigns from any respo	onsibility and/or liability concerning the n which I elected to participate. I conse	s employees, contractors, owners, therapis application, processing, and/or consequer ent to having massage and therapeutic serv	nces
and/or assign claims, and/o communicabl understandin	s harmless against any a r damages resulting in p e disease that might inco	nd all liability, damage, and/or expense ersonal injuries and disabilities (physica ur as a result of the service provided to utcomes. I agree that by signing this wa	ees, contractors, owners, therapists, agentses arising out of or in connection with actional and/or psychological) or transmission of a day and I agree to voluntarily participate aiver, this waiver is in good standing and	ns,
healthy enoug	gh to participate and her	eby declare that I am at least 18 years	g the above-described activities that I am of age. I have read the Policy, Procedures ration with these, do hereby affix my signa	
Client:	Signature	Print Name	 Date	
Professional:	Signature	Print Name	 Date	

## Massage Assessment Form

Client Name:		Assessment Date:				
Chief Complaint:		Date of Onset:				
Brief Description of	Onset:					
Since onset, sympto	ms have been getting: 🔲 B	Better Worse Staying the Same				
Current Pain (0-10):	/10 Pain range du	uring past 3 days:/10 (at best), to/10 (at worst)				
Pain or symptoms a	are: Constant Interm	ittent				
Description of pain:	Sharp Aching	Stabbing Shooting				
	Dull Burning	Throbbing Other:				
What increases clien	nt's pain or other symptoms, a	and makes condition worse? (Mark all that apply)				
☐ Sitting ☐ Walking ☐ Coughing ☐ Specific position:						
☐ Standing ☐ Bending ☐ Exertion ☐ Activity or movement:						
Lying down	Lying down Reaching Pressure Other:					
What decreases clie	nt's pain or other symptoms,	and makes condition better? (Mark all that apply)				
☐ Sitting ☐ Rest ☐ Massage ☐ Specific position:						
Standing	Ice Stretching	Activity or movement:				
Lying down	Heat Medication	n Other:				
Has client seen other	er healthcare providers or trie	ed other treatments for current problem?  yes no				
List treatments a	and results:					
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		Visual Assessment				
		Note				
	Postu					
Albert Parkles	AND AND HIN	Movement/				
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( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )		Gai				
	w w					
∳ Pain	<ul><li>Tender point</li></ul>	★ Adhesion				
* Hypertonicity	X Trigger point	Swelling <b>C</b> Rotation				