

MASSAGE THERAPY SESSION CONSULTATION

NAME : _____

DATE : _____

Type of massage you are requesting : (please circle one below)

1, Swedish/Relaxation 2, Deep Tissue 3, Trigger Point 4, Pregnancy Massage 5, Hot Stone

Areas of pain/ tension: _____

Areas to be avoided : _____

Massage therapy is not a substitute for medical examination or diagnosis. It is recommended that I see a physician for any physical ailment that I may have. I understand that the massage therapist does not prescribe medical treatments or pharmaceuticals and does not perform any spinal adjustments. I am aware that if I have any serious medical diagnosis, I must provide a physician's written consent prior to services.

- The licensee shall drape the breasts of all female clients and not engage in breast massage of female clients unless the client gives written consent before each session involving breast massage.
- Draping of the genital area and gluteal cleavage will be used at all times during the session for all clients.
- The licensee must immediately end the massage session if a client initiates any verbal or physical contact that is sexual in nature.
- If the client is uncomfortable for any reason, the client may ask the licensee to end the massage, and the licensee will end the session, the licensee also has a right to end the session if uncomfortable for any reason.

Client signature: _____

Date: _____

(parent or guardian if under the age of 17)

To be completed by the licensee:

Type of massage service / technique to be used: _____

Part of body to be massaged (including indications and contraindications): _____

Licensee signature: _____ Date: _____