



Barefoot Massage Therapy Health Form

Please check the following conditions
that apply to you:

- Pregnant
- Osteoporosis (advanced stage)
- Boils, skin lesions or abscesses
- Recent eye procedures; Example Lasik
- Kidney Disorders
- Active phlebitis/cellulitis
- Pacemaker, stent or shunt
- Any recent (acute) injuries or surgeries
- Taking blood thinning medications
- Breast implants in the past 9 months
- Varicose Veins
- Thrombosis / Aneurysm
- Recent bowel or hernia surgery
- Uncontrolled high blood pressure
- Cancer

If you have checked any of the above conditions, Barefoot Technique, is not for you at this time and will not be performed without the written consent of a Physician.

During your Barefoot Treatment, your Therapist prefers to keep the compression at a therapeutic level that they feel is comfortable and safe for you. If you request for more compression on a higher level than that of the therapeutic range, if you would experience pain, stiffness, soreness and skin irritations, marks, headaches, sinus congestions, bruises of any injury or condition, your Elite Therapist, will not be held liable.

Client Printed Name: _____

Client Signature: _____

Date: _____

Therapist: _____ Date: ____/____/____