

# ORIENTAL HOLISTIC MASSAGE

## Male Consent for Massage Therapy And Health Form

Name: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Suburb: \_\_\_\_\_  
State: \_\_\_\_\_  
Email: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Referred by: \_\_\_\_\_  
Where did you find us: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Emergency Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_

### Treatment

- Remedial Massage  Sports Massage  Deep Tissue Massage  Trigger Point Therapy  
 Stretch Therapy

### General/Medical Information

**If you answer "yes" to any of the following questions, please explain.**

- Yes  No Have you had Covid 19, if so how long ago? \_\_\_\_\_  
 Yes  No Have you got any symptoms of Covid 19 now?  
 Yes  No Have you been to Vic, NSW or QL where there is an outbreak of Covid 19?  
 Yes  No Do you consent to have a massage  
 Yes  No Do you have Diabetes? (Type One or Type Two: Is it under control  Yes  No  
 Yes  No Do you have allergies? \_\_\_\_\_  
 Yes  No Skin problems? \_\_\_\_\_  
 Yes  No Have you had surgery? What for and how long ago? \_\_\_\_\_  
 Yes  No Do you have any contagious diseases? \_\_\_\_\_  
 Yes  No Have you had any recent injuries? How long ago? \_\_\_\_\_  
 Yes  No Do you have numbness or stabbing pains? Where? \_\_\_\_\_  
 Yes  No Do you have any other medical condition? \_\_\_\_\_  
 Yes  No Are you taking any medications? \_\_\_\_\_  
 Yes  No Do you have High Blood Pressure? \_\_\_\_\_  
 Yes  No Do you have low blood pressure? \_\_\_\_\_  
 Yes  No Do you suffer from arthritis? \_\_\_\_\_  
 Yes  No Do you have osteoporosis? \_\_\_\_\_  
 Yes  No Do you suffer from epilepsy or seizures? \_\_\_\_\_  
 Yes  No Do you have heart or circulatory? \_\_\_\_\_  
 Yes  No Are you sensitive to touch or pressure?  
 Yes  No Are you allergic to any Lotions or Oils? \_\_\_\_\_  
 Firm  Soft (Which massage pressure treatment is right for you?)  
 Yes  No Do you bruise easy. (If so trigger point therapy may not be good for you?)  
 Yes  No Do you still want trigger point therapy?

**Please turn over to next page**

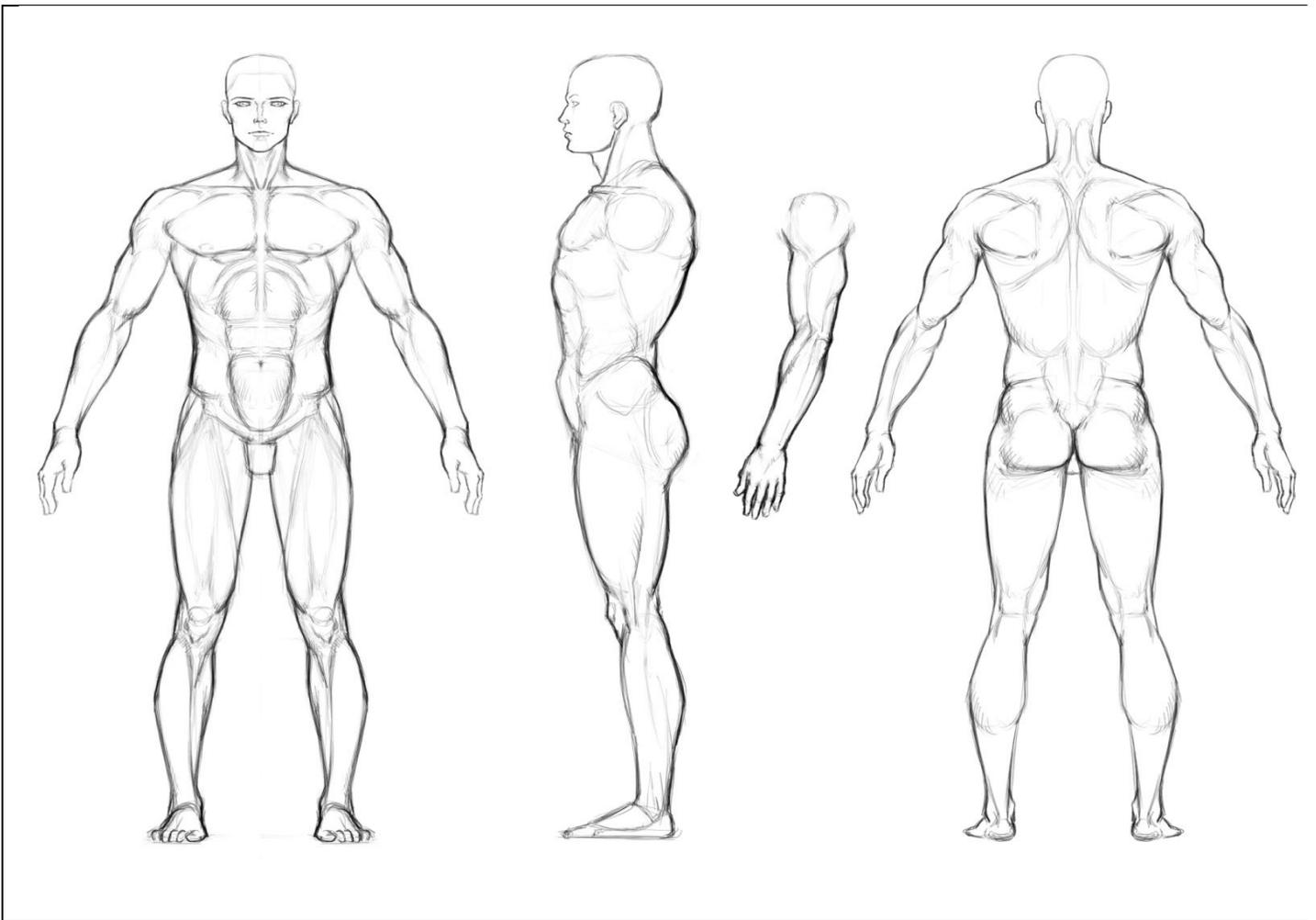
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**Please take a moment to carefully read the following and sign where indicated.**

I understand that a Massage Therapist does not diagnose disease, illness, or prescribe any treatment or drugs, nor do they provide spinal manipulation. **I understand that draping will be used unless I ask not to be covered, but i understand I must wear the disposable underwear that will be provide.** I understand that if I become uncomfortable for any reason that I may ask the Therapist to end the massage session.

**I understand that the massage therapist may end the session for any inappropriate behavior.** I have stated all of the conditions that I am aware of, and this information is true and accurate. I will inform the Massage Therapist of any changes in my health status so he can update my profile.

**Please mark areas NOT TO BE MASSAGE (NM) Injuries mark as (INJ)**



Other information about your injuries:

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Client/**Guardian UNDER 16**: Name & Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Massage Therapist Signature: Ray Flaherty \_\_\_\_\_ Date: \_\_/\_\_/\_\_