



Sandalwood
Physiotherapy & Wellness

Massage Therapy Services' Consent Form

THIS FORM MUST BE COMPLETED & SIGNED BEFORE RECEIVING A MASSAGE.

Have you ever experienced a professional massage? _____

Which areas would you like to focus on during this massage? _____

Do you have any of the following conditions? If yes, please explain below as clearly as possible.

____ Stress ____ Allergies ____ Contagious disease ____ Diabetes ____ Wear contact lenses ____ Back pain
____ Pregnant ____ Cancer ____ Cardiac/circulatory problems ____ Arthritis ____ Sensitive to touch or pressure
____ Frequent headaches ____ Osteoporosis ____ Epilepsy or seizures ____ Bruise easily ____ Joint swelling
____ Varicose veins ____ Depression

____ Numbness or stabbing pains? Explain below.

____ High blood pressure. If yes, are you taking medication for this? Explain below.

____ Surgery in the past five years? Explain below.

____ Accident or suffered any injuries in the past 2 years? Broken bones, etc. Explain below.

____ Other medical conditions not listed. Explain below.

Comments: _____

I hereby request and consent to massage therapy, I have been informed about following: a description of treatment, which body areas will be worked on, the reasons why I should have treatment, the alternatives to having treatment, what may happen if I do not have treatment.

I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment. I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the massage therapist updated as to any changes in my medical profile during the session and understand that there shall be no liability on the massage therapists part should I fail to do so. I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session. I also understand that the License Massage Therapist reserves the right to refuse to perform massage on anyone whom he/she deems to have a condition for which massage is contraindicated.

Patient Signature: _____

Date _____

THERAPIST'S SINGTURE: _____

Date _____