

Please check off any of these conditions that may apply to you at this time:

Allergies/skin	Cold or Flu	Hernia/Herniated Disks	Pregnancy (___mos.)
Asthma	Contagious Diseases	High/Low Blood Pressure	Skin Conditions
Autoimmune Dysfunction	Diabetes	Inflammation	Sinus Problems
Back Pain	Easy Bruising	Migraines/Headaches	Tendonitis/Bursitis
Blood Clots	Epilepsy or Seizure Disorder	Muscle/Joint pain	Tension/Stress
Broken Bones	Fever	Neuropathy	Varicose Veins
Cardiac/Circulatory Problem	Fibromyalgia	Osteoporosis	Other: _____
			Other: _____

Comments:

I understand that the massage I receive is provided for the basic purpose of relaxation, stress reduction and relief of muscular tension. If I experience any pain during this or any future session, I will immediately inform or update the practitioner so that the work can be adjusted to my level of comfort. I further understand that massage/bodywork should not be used as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment that I am aware of. Because massage can be harmful under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly and I agree that there should be no liability on the practitioner's part should I forget to do so from this date forward. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment for the full amount. Should I need to cancel future sessions, I agree to give my practitioner at least a notice of 24-hours. I understand that by signing this release, I hereby waive and release Massage Therapy For You, LLC, and the practitioner of any and all liability, past, present and future, relating to massage therapy and bodywork.

Signature: _____ Date: _____

Consent To Treatment Of A Minor:

By my signature below, I hereby authorize the Massage Therapist to provide massage services to my minor child or dependent as we deem necessary. Additionally, I have read, verified, and agree with all information on this form. I understand that I may be present during any massage received by child. This authorization is valid until and unless it is revoked by me in writing.

Name of Minor (please print): _____

Name of Parent/Guardian (please print): _____

Signature of Parent/Guardian: _____ Date: _____

For Office Use: