

What is your goal/concern for today's session?

Is there any area where you would like extra time spent?

Do you have any difficulty lying on either your front or your back?

I, _____, understand that Massage Therapy is for the purpose of stress reduction, relief from muscular tension or spasm, general relaxation, and increase of circulation and energy flow. I understand that the Massage Therapist does NOT diagnose illness, disease or any other physical or mental disorders or conditions and that no conversations or statements made during or relating to our sessions should be construed as such. The Massage Therapist neither prescribes medical or pharmaceutical treatments. Spinal manipulations, medical examinations and/or diagnoses are not within the scope of practice of Massage Therapy and I understand that I may be referred to another health care practitioner. I understand that the Therapist reserves the right to refuse any client who may have a contraindication to massage or to end any therapy where the client does not honor moral and ethical standards of behavior. I also understand that aromatherapy is not recommended during pregnancy or for individuals with asthma, allergies, chronic skin conditions or sensitivities.

It has been made clear to me that professional Massage Therapy is NOT a substitute for medical treatment. I understand that it is recommended that I see a physician to verify that there is no medical reason that I should not undergo Massage Therapy and for any physical ailment that I might have. I have made the Massage Therapist aware of existing physical conditions and agree to report any changes to my health status as they occur. I take full responsibility for my decision to receive Massage Therapy. I agree to have Massage Therapy treatment and hold the Therapist harmless for any problems that may arise as a result of the massage.

Signed: _____

Date: _____