



THERAPY AGREEMENT AND POLICIES - Confidential Property of Massage for Healing

- I acknowledge that sessions administered are for the basic purpose of relaxation and relief of muscular tension. Massage Therapists do not diagnose conditions, nor do they prescribe prescriptions or perform medical treatment, nor interfere with the treatment of a licensed medical professional.
- It is recommended that I see a licensed physician, or licensed health care professional for any physical or psychological ailment I may have and that massage therapy is not a substitute for medical examinations, treatments and diagnosis.
- I understand that massage/bodywork practitioners 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/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical history and answered all questions honestly. I agree to keep Massage for Healing updated as to any changes in my medical profile and understand there shall be no liability on their part should I fail to do so.
- I also understand that the body has the ability to heal itself, and to do so, complete relaxation is often beneficial. Long-term imbalances in the body sometimes require multiple sessions to allow the body to reach the level of relaxation necessary to bring the systems back into balance. I understand and believe that self-improvement requires commitment on my part and that I must be willing to change in a positive way if I am to receive the full benefit of a massage therapy treatment.
- I understand that payment is due at the time of session unless other arrangements have been made prior to my appointment.
- If necessary to cancel a future appointment, I agree to give 24 hours notice or I will be billed and responsible for 50% of the session charge. Cases of extreme emergency are considered exceptions to this policy.
- I understand my appointment time is specifically for me and any lateness on my part may be deducted from my session.
- I understand 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 full payment of the scheduled appointment.

Client Signature

Printed Name

Date

Practitioner Signature

Date

CLIENT INFORMATION

First Name: _____ Last Name: _____ Date of Birth: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Contact Phone: _____ 2nd Phone: _____ Email address: _____

In case of emergency, contact: _____ Phone Number: _____

How did you hear about Massage for Healing? _____

Reason for visit:

When was your last bodywork session? _____

What is your primary concern? _____

What are other areas of concern? _____

When did you first notice it? _____

What brought it on? _____

Describe any stressors at the time. _____

Describe your exercise routine. _____

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.

Medical History:

Frequently suffer from stress?	Bruise easily?
Have diabetes?	Broken bones in the past two years?
Experience frequent headaches?	Accident or injuries within two years?
Are you pregnant?	Tension or soreness in a specific area?
Suffer from arthritis?	Cardiac or circulatory problems?
Had cosmetic surgery, including implants?	Back pain?
Wearing dentures?	Numbness/stabbing pains anywhere?
High blood pressure?	Sensitive to touch or pressure?
Epilepsy or seizures?	Ever had surgery? Explain below.
Suffer from joint swelling?	Osteoporosis?
Varicose veins?	Fibromyalgia or similar?
Contagious diseases?	Allergies? If yes, please indicate below.
Injections for pain, ie. steroids, joint block?	TMJ?

Do you have any other medical condition not listed, or are taking medications? Please list details below.

Details: _____

Consent to Treatment of Minor: By my signature below, I hereby authorize Massage for Healing to administer massage, bodywork or somatic therapy techniques to my child or dependent as deemed necessary.

Signature of Parent or Guardian

Date