

MESSAGE: please bring this completed form to your first appointment.

SKINCARE: your form will be waiting for you at the clinic.

11. Are you currently under medical supervision? Yes No

If yes, please explain

12. Do you see a chiropractor? Yes No If yes, how often?

13. Are you currently taking any medication? Yes No

If yes, please list

14. Please check any condition listed below that applies to you:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> contagious skin condition | <input type="checkbox"/> open sores or wounds | <input type="checkbox"/> easy bruising | <input type="checkbox"/> recent accident/injury |
| <input type="checkbox"/> recent fracture | <input type="checkbox"/> recent surgery | <input type="checkbox"/> artificial joint | <input type="checkbox"/> sprains/strains |
| <input type="checkbox"/> current fever | <input type="checkbox"/> swollen glands | <input type="checkbox"/> allergies/sensitivity | <input type="checkbox"/> heart condition |
| <input type="checkbox"/> high or low blood pressure | <input type="checkbox"/> circulatory disorder | <input type="checkbox"/> varicose veins | <input type="checkbox"/> atherosclerosis |

Please explain any condition that you have marked above:

15. Is there anything else about your health history that you think would be useful for your massage practitioner to know to plan a safe and effective massage session for you?

Draping will be used during the session – only the area being worked on will be uncovered. Clients under the age of 17 must be accompanied by a parent or legal guardian during the entire session. Informed written consent must be provided by parent or legal guardian for any client under the age of 17.

I, **PRINT NAME:** understand that the session I receive is provided for the purposes of relaxation and relief of muscular tension. If I experience any pain or discomfort during this 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 and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of.

I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any illness, and that nothing said in the course of the session given should be construed as such. In the event that I cancel/modify an appointment without providing 24 hours notice (methods: mail, email or voicemail received with 24 hours notice), I agree to pay 100% of the session fee immediately as well as the fees the clinic incurs as a result of attempts to collect payment. I agree that payment is non-refundable and non-transferable. Multi-session packages: I agree to be held financially responsible for all appointments in a multi-session package purchased by or for me. I agree to remain the responsible party for all sessions in the series, even those arranged by me for my designee. 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 therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

Signature of client

Date

Signature of Massage Therapist

Date

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