

Massage Medical Consent Form

CONTACT DETAILS

Full Name: _____ DOB: _____
Address: _____ Phone: _____
_____ Email: _____
Occupation: _____ Gender: _____

HEALTH / MEDICAL HISTORY

List any previous or current complaints/injuries: _____

Have you gone through any surgery? Yes No (If yes please specify)

Have you received massage therapy before? Yes No

Goals for massage therapy today: _____

Do you or have you ever suffered from any of the following conditions:

Asthma: Epilepsy: Stroke: Heart attack: Osteoporosis: Varicose veins:

Cancer: Migraine: High / Low blood pressure: Diabetes:

Do you take natural, recreational and /or pharmaceutical medication? Yes No (if yes, please list)

Are your bowel movements regular? Yes No

Are you pregnant and/or lactating? Yes No N/A

Is your menstrual cycle regular? Yes No N/A

Please indicate your skin type? Oily Dry Combination Mature Sensitive

Do you have any allergies, or are you allergic to any essential oils? Yes No (if Yes, please list)

LIFESTYLE

Do you smoke? Yes No (if Yes, how many per day) ____

Do you drink tea/coffee? Yes No How much water do you drink per day? _____

Do you drink alcohol? Yes No (if Yes approximate quantities per week) ____

How many hours per week do you spend taking time out for yourself? _____

Which best describes your diet? Heavy meat consumption Fast Food Rich Foods (lots of dairy & desserts)

Vegetarian or Vegan Combination

Do you do regular exercise? Yes No (if Yes, please list hours per week and what type)

Do you suffer from any of the following: (please circle)

Fatigue stress rage anxiety phobias depression postnatal depression nervousness

Anger menopause addiction mood swings insomnia anorexia PMT

I the undersigned hereby state that all the above information is true and correct to the best of my knowledge.
I understand that massage is designed for the purpose of relaxation and relief from tension, muscle spasms or poor circulation.
The massage therapist cannot diagnose medical issues/diseases/disorders or perform spine.

Signature: _____

Date: _____