

MASSAGE THERAPY SERVICES—CONSENT FORM

This form must be completed and signed before receiving a massage.

Name _____ Phone _____

Address _____ City _____ Zip _____

Student Staff/Faculty Male Female Age _____ Physician, if referred: _____

Occupation: _____

General & Medical Information

Have you ever experienced a professional massage? Yes No How recently? _____

Do you have any of the following conditions? If checked (✓), please explain below as clearly as possible.

- | | | |
|--|---|--|
| <input type="checkbox"/> Stress | <input type="checkbox"/> Allergies | <input type="checkbox"/> Contagious disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Wear contact lenses | <input type="checkbox"/> Back pain |
| <input type="checkbox"/> Pregnant | <input type="checkbox"/> Cancer | <input type="checkbox"/> Cardiac or circulatory problems |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Very sensitive to touch or pressure | <input type="checkbox"/> Frequent headaches |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Epilepsy or seizures | <input type="checkbox"/> Bruise easily |
| <input type="checkbox"/> Joint swelling | <input type="checkbox"/> Varicose veins | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Numbness or stabbing pains.
Specify below. | <input type="checkbox"/> Tension or soreness in a specific
area? Specify below. | <input type="checkbox"/> High blood pressure. If "yes,"
taking medication for this? |
| <input type="checkbox"/> Surgery in the past five years?
Explain below. | <input type="checkbox"/> Accident or suffered any injuries in
the past 2 years? Broken bones, etc. | <input type="checkbox"/> Other medical conditions not listed.
Specify below. |

Comments:

I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during the 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. I understand that massage therapists 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 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 massage therapist updated as to any changes in my medical profile during today's and all future sessions, and understand that there shall be no liability on the massage therapist's part should I fail to do so. I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session. I am aware that the massage therapist is not an employee of the University of New Mexico but is an independent contractor; therefore, UNM does not warrant the performance of his/her services. I also understand that the License Massage Therapist reserves the right to refuse to perform massage on anyone whom he/she deems to have a condition for which massage is contraindicated. If I have a certificate for massage, I understand I must bring it to my appointment at the time of service to avoid charges to my UNM Bursar's account.

Client Signature _____ Date _____