The University of New Mexico
Student Health & Counseling (SHAC)

MASSAGE THERAPY SERVICES—CONSENT FORM

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

Name _____ Phone_____

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

Occupation/ Field of Study: _____

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.

— Stress	— Allergies	— Contagious disease
— Diabetes	— Cancer	— Back pain
— Pregnant	— Epilepsy or seizures	— Cardiac or circulatory problems
— Arthritis	— Very sensitive to touch or pressure	— Frequent headaches
— Osteoporosis	— Varicose veins	— Bruise easily
— Joint swelling	— Any injury in the past 2 years? Broken bones, etc	— Depression
— Numbness or stabbing pains. Specify below.	— Tension or soreness in a specific area? Specify below.	— High blood pressure. If "yes," taking medication for this?
— Surgery in the past five years? Explain below.	— Motor Vehicle Accident in the past 2 years	— Other medical conditions not listed. Specify below.

Comments:
_____
_____
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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 _____