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
- ☐ Diabetes
- ☐ Pregnant
- ☐ Arthritis
- ☐ Osteoporosis
- ☐ Joint swelling
- ☐ Numbness or stabbing pains.
- ☐ Specify below.
- ☐ Surgery in the past five years? Explain below.
- ☐ Allergies
- ☐ Cancer
- ☐ Epilepsy or seizures
- ☐ Very sensitive to touch or pressure
- ☐ Varicose veins
- ☐ Any injury in the past 2 years?
- ☐ Broken bones, etc
- ☐ Tension or soreness in a specific area? Specify below.
- ☐ Motor Vehicle Accident in the past 2 years
- ☐ Contagious disease
- ☐ Back pain
- ☐ Cardiac or circulatory problems
- ☐ Frequent headaches
- ☐ Bruise easily
- ☐ Depression
- ☐ High blood pressure. If "yes," taking medication for this?
- ☐ 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 also understand that the License Massage Therapist reserves the right to refuse to perform massage on anyone whom they deem to have a condition for which massage is contraindicated.

Signature _____ Date _____