

## Massage Update Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Reason for Visit Today: \_\_\_\_\_

Have there been any changes to your health since your last visit? If so, please indicate below

\_\_\_\_\_

\_\_\_\_\_

Are you Pregnant?  No  Yes If so, how far along are you? \_\_\_\_\_

Have you consumed an alcoholic beverage within the last 12 hours? \_\_\_\_\_

Are there any areas that are bothering you now, that haven't bothered you before?

\_\_\_\_\_

\_\_\_\_\_

**Informed Consent:** The above information is accurate to the best of my knowledge, and I give my permission to be massaged. I agree to inform the therapist of any experience of pain during the session. I understand that this is not a medical treatment and this session is not a substitute for any medical diagnosis, treatment, or examination. I understand that no inappropriate comments or conduct, by client will be tolerated, and that any indication of such will automatically end the session and will be charged the full amount of the scheduled service. I further understand that massage will be administered at the discretion of the therapist and any medical condition contraindicated to massage will disqualify me from receiving a massage, unless a Doctors note is furnished.

Client's Signature: \_\_\_\_\_

Therapist's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<u><b>Mark Appropriate Stress Zones</b></u>	
<p><b>Mark as Follows:</b>  <b>X = Pain</b>  <b>O = Tension</b>  <b>* = Injury</b>  <b>≈ = Extra Attention Area</b></p>	