

Calming Stone Massage LLC Massage Therapy Agreement and Release of Liability

An accurate health history is important to ensure that it is safe for you to receive a massage. If your health changes in the future, please let me know. All information is confidential except as required by law. You will be asked to provide written authorization for release of any information.



Date: _____ Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Phone Number: _____

E-mail (for appointment reminders and specials): _____

How did you hear about Calming Stone Massage? _____

Have you received a professional massage before? **Y / N** If so, when? _____

Massage Therapy Goals: _____

Medical History: In order to plan a massage session that is safe and effective, I need some general information about your medical history. Please check all that apply and give a brief explanation if applicable.

List any current medications you're taking (including aspirin and supplements): _____

- | | | |
|--|---|--|
| <input type="checkbox"/> allergies/sensitivity | <input type="checkbox"/> fibromyalgia | <input type="checkbox"/> osteoarthritis |
| <input type="checkbox"/> arthritis | <input type="checkbox"/> headaches/migraines | <input type="checkbox"/> osteoporosis |
| <input type="checkbox"/> auto-immune condition | <input type="checkbox"/> heart attack | <input type="checkbox"/> OTHER <i>*(explain below)</i> |
| <input type="checkbox"/> back and/or neck problems | <input type="checkbox"/> heart disease or condition | <input type="checkbox"/> pins/plates/screws |
| <input type="checkbox"/> bruise easily | <input type="checkbox"/> high / low blood pressure | <input type="checkbox"/> pregnant / weeks _____ |
| <input type="checkbox"/> cancer | <input type="checkbox"/> Insomnia | <input type="checkbox"/> skin conditions |
| <input type="checkbox"/> chill easily / hot flashes | <input type="checkbox"/> lymphedema | <input type="checkbox"/> surgery |
| <input type="checkbox"/> depression/anxiety / stress | <input type="checkbox"/> motor vehicle accident | <input type="checkbox"/> swelling/edema |
| <input type="checkbox"/> diabetes | <input type="checkbox"/> muscle strain/sprain | <input type="checkbox"/> TMJ issues |
| <input type="checkbox"/> disc problems | <input type="checkbox"/> numbness / tingling | <input type="checkbox"/> varicose veins |

Please explain any condition that you have marked above: _____

* _____

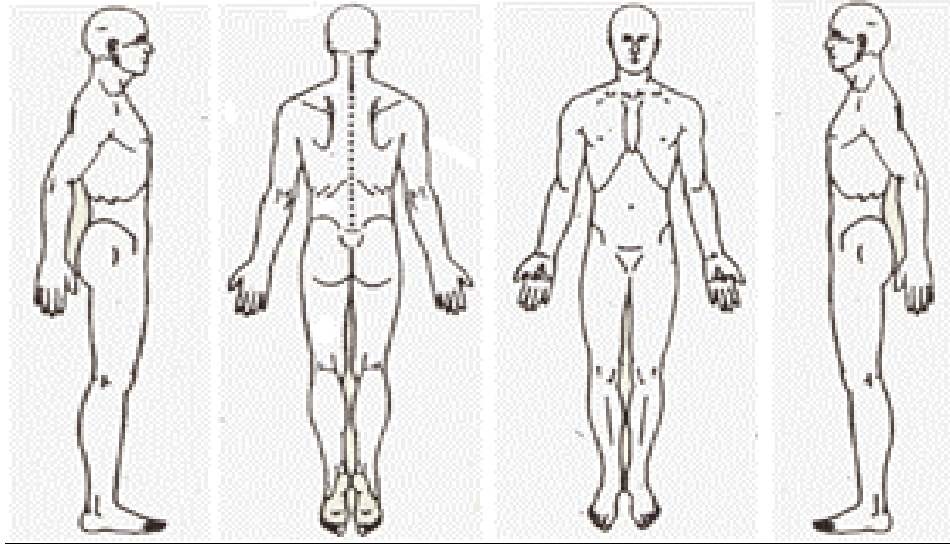
Is there anything in particular you've liked or disliked about previous massages? _____

Do you have any difficulty lying on your front, back or side? _____

(Continued on other side)

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Please 'X' trouble areas on the figures below.



I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure may be adjusted to my comfort level. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis or treatment, and that I should see a qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage practitioners 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 should be construed as such.

I understand and voluntarily accept any risk of which I have been advised associated with my massage / bodywork, or from any use of the company's facilities, and hereby release Calming Stone Massage LLC from all liability for any injury including without limitation, personal, bodily or mental injury, economic loss or any damage to you resulting there from.

Since massage/bodywork 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 therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

The therapist reserves the right to decline, discontinue, or restrict services based on any provided information that may indicate that massage therapy would put my health or the therapist's health at risk.

Draping will be used during the session – only the area being worked on will be uncovered. Male and female genitalia will not be exposed or massaged at anytime. I understand that massage therapy and bodywork services are a therapeutic health aid and are non-sexual. I understand my massage therapist reserves the right to end a therapy session in the case of sexual innuendo or advances from the client. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the massage, and I will be liable for full payment of the scheduled session.

I have the right to consent to all or part of the session or to withdraw consent at any time. I have the right to know specifically what I am consenting to and may ask for detailed descriptions at any time during the session.

The undersigned acknowledges that he/she has read this agreement

Signature: _____ Date: _____

Parental consent if under 18 years of age: _____

Clients under the age of 18 must be accompanied by a parent or legal guardian during the entire session.
Informed written consent must be provided by parent or legal guardian for any client under the age of 18.

Thank you for choosing Calming Stone Massage LLC.