

Massage Therapy Intake and Consent Form

General Information

Name: _____ Date: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

Date of Birth: _____ Pronouns: _____ Referred by: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone # (In case you need assistance): _____

Your Occupation: _____

How do you use your body at work? Standing Sitting Computer Use Heavy Objects

Are you wearing contact lenses? Yes No Do you exercise regularly? Yes No

Are you allergic/sensitive to any foods, oils, lotions, candles, or scents? Yes No

Please List _____

*We use high-quality, 100% organic, pure, unrefined oils. Our oil is known for its rich, thick texture as well as for its nourishing and potentially therapeutic effects.

Have you recently had surgery, a severe illness, or an accident? Yes No

If yes, when did it occur? _____

Are you currently under the care of a healthcare provider for an injury or on-going illness? Yes No

Please explain: _____

Are you currently taking any medications? Yes No

Please list: _____

Have you had a massage before? Yes No Date of last treatment: _____

What would you like to get out of this massage experience?

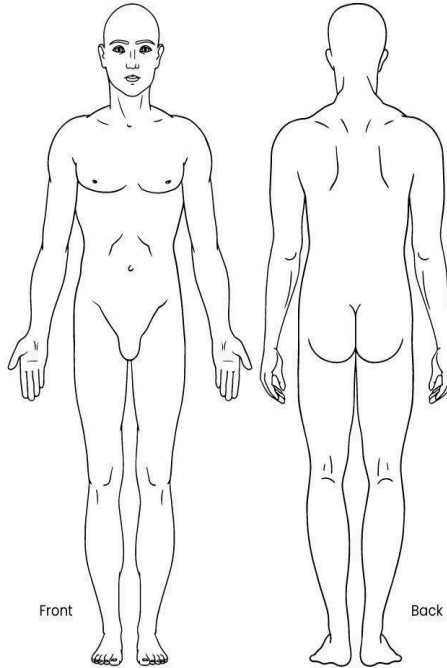
- | | |
|--|---|
| <input type="checkbox"/> Pain Relief | <input type="checkbox"/> Flexibility/Mobility |
| <input type="checkbox"/> Relaxation | <input type="checkbox"/> Sports Event |
| <input type="checkbox"/> Stress Relief | <input type="checkbox"/> Recovery |
| | <input type="checkbox"/> Other _____ |

Please Check All Current Conditions:

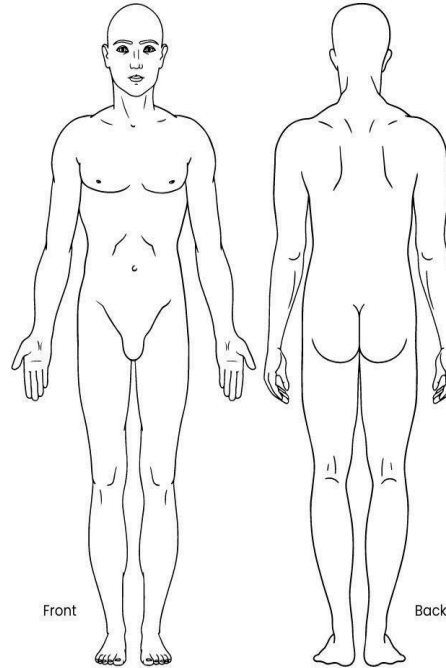
- | | | |
|--|---|---|
| <input type="checkbox"/> Open Wounds | <input type="checkbox"/> Current Fever/Chills | <input type="checkbox"/> Deep Vein Thrombosis |
| <input type="checkbox"/> High/Low BP | <input type="checkbox"/> Swollen Glands | <input type="checkbox"/> Back Issues |
| <input type="checkbox"/> Blood Clots | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Neck Issues |
| <input type="checkbox"/> Numbness | <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Easy Bruising | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Joint Disorder |
| <input type="checkbox"/> Recent Injury | <input type="checkbox"/> Allergies | <input type="checkbox"/> Carpal Tunnel |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Sensitivities | <input type="checkbox"/> Tennis Elbow |
| <input type="checkbox"/> Strains | <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Frozen Shoulder |
| <input type="checkbox"/> Recent Surgery | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Sprains | <input type="checkbox"/> Circulatory Disorder | <input type="checkbox"/> Pregnancy;
How many weeks?
_____ |
| <input type="checkbox"/> Recent Fractures | <input type="checkbox"/> Headaches | |
| <input type="checkbox"/> Joint Replacement | <input type="checkbox"/> Migraines | |

If you checked a condition above, if necessary, please explain: _____

Indicate on the diagram below, any areas you want the therapist to **FOCUS** on.



Indicate on the diagram below, any areas you want the therapist to **AVOID**.



Please read carefully, check each box, and sign where indicated:

- I understand that massage or bodywork may be contraindicated for certain medical conditions or symptoms.
- I further understand that massage or bodywork is provided for the purpose of relaxation and the relief of muscular tension. If I experience any pain or discomfort during my appointment, **I will inform the therapist** so that the pressure or techniques may be adjusted accordingly.
- I understand that massage or bodywork should not be perceived by me as a substitute for a medical examination, diagnosis, or treatment, and that I should consult a physician or other qualified medical specialists for any concerns I may have about my mental or physical condition.
- I have been informed that massage and bodywork therapists are not qualified to perform skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said during the session should be perceived as such.
- Because massage or bodywork should not be performed under certain medical conditions, I attest 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 condition and agree that there shall be no liability on the therapist's part should I neglect to do so.
- I understand that any illicit or sexually suggestive verbal remarks or physical advances made by myself will result in the immediate termination of this session, and I will be liable for full payment of the appointment fee.

Client Signature

Date

Proactive Massage + Bodywork, LLC | NPI #1952948481

9225 Atlee Road | Suite 5103 | Mechanicsville, VA 23116 | Phone: 804-559-7990 | info@proactiverva.com

Waiver of Liability and Hold Harmless Agreement;

- 1. In consideration for using the services, therapy, and machines (hereinafter referred to as "Treatment"), I hereby release, waive, discharge, and hold harmless Proactive Massage + Bodywork, LLC, its officers, servants, agents, employees, and volunteers (hereinafter referred to as "Releasees") from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury that may be sustained by any person, while using the equipment, or due to the use of the Treatment.
- 2. I hereby confirm that no warranty, guarantee, or other assurance has been made to me covering the results of the Treatment, and I hereby relieve them and hold them harmless from all liabilities for injury or damage that may occur to me. I fully understand the administration of the process, including possible adverse reactions, side effects, or other possible complications. It is understood that this consent is being given in advance of any administration of the process and is being given by me voluntarily to use the Treatment.
- 3. I am fully aware of the risks and hazards connected with the use of the treatment, including the risk of physical injury or disability as the result of such injury, and I am voluntarily participating in said Treatment usage and entering the above-named premises to engage in such usage. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury that may be sustained, or for any loss or damage to property as a result of being engaged in such an activity. I further hereby agree to indemnify and hold harmless the Releasees from any loss, liability, damage, or costs that may incur due to my use of the Treatment. I understand that the Proactive Massage + Bodywork, LLC therapists are not qualified to diagnose or perform medical procedures, and nothing said during the Treatment session should be construed as such.
- 4. Prior to using the Treatment, I affirm that I have stated all my known medical conditions and answered all questions honestly. I further agree to update Proactive Massage + Bodywork, LLC, as to any changes in my medical profile that may impact or limit my ability to utilize the Treatment and agree to defend and indemnify Proactive Massage + Bodywork, LLC and the above-named releases for failure to do so.

My Signature Below Constitutes My Acknowledgment That;

(1) I have read, understood, and fully agreed to the foregoing consent; (2) the proposed Treatment process has been satisfactorily explained to me, and I have all the information I desire; and (3) I hereby give my authorization and consent. This consent shall stand as long as I use the Treatment at the location now and in the future. I have read the instructions for proper use of the facilities and do so at my own risk. I hereby release the owners, operators, franchisers, or manufacturers from any damage or harm that I might incur due to the use of the Treatments or facilities.

In signing this release, I acknowledge and represent that I have read and understand the foregoing Waiver of Liability and Hold Harmless Agreements, that I am at least eighteen (18) years of age and fully competent, and that I execute this release for full, adequate, and complete consideration, fully intending to be bound by the same.

Furthermore, I agree that I will comply with all instructions on the use of the Treatment and that I am using these services at my own risk. I agree to use all sessions within the terms of the contract dates and understand that refunds are not given on unused portions of purchased packages.

Client's Name (Please Print)	Client's Signature	Date
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Parental Consent Form For Minors Under The Age of 18;

If the client is under 18 years of age, parental consent is required. Please complete the form below for the consent of a minor;

I, _____(name of parent or legal guardian), acknowledge that I have read and understand the Proactive Massage + Bodywork, LLC Waiver of Liability and Hold Harmless Agreements, as well as the contraindications and waiver of risk. My son or daughter, _____(name of the minor), has also read the Waiver of Liability and Hold Harmless Agreements and agreed to the contraindications and waiver of risk. I give consent on behalf of my minor to voluntarily undergo Treatment.

Parent/Guardian Name (Please Print)	Parent/Guardian Signature	Date
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Minor's Name (Please Print)	Minor's Signature	Date
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