



### Compression Therapy Consent Form

Compression therapy is a non-invasive modality proven to increase circulation, improve lymphatic drainage, improve range of motion, reduce pain and soreness, and clear lactate and metabolites from the limbs.

Similar to the kneading and stroking during a massage, each segment of the attachment will first compress and then release. This will repeat for each segment of the attachment as the compression pattern works its way up the limb. This stimulates blood flow, massages the muscles, and works in harmony with the body's lymphatic system and circulatory system to mobilize fluid out of the extremities and back towards the heart.

#### General Information

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Referred by: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Emergency Contact Phone #: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Are you wearing contact lenses? \_\_\_\_\_ Do you exercise regularly? \_\_\_\_\_

Are you allergic/sensitive to any foods, oils, lotions, candles, or scents? \_\_\_\_\_

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: \_\_\_\_\_

#### Precautions and Contraindications

Please inform your practitioner if you have or have had in the past any of the following conditions or symptoms that may make *Compression Therapy* contraindicated or require your practitioner to alter the treatment:

Please mark any medical conditions that you are currently experiencing:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Bone Fractures/Breaks  | <input type="checkbox"/> Ischemic Vascular Disease  | <input type="checkbox"/> Dermatitis                 |
| <input type="checkbox"/> Deep Vein Thrombosis   | <input type="checkbox"/> Congestive Cardiac Failure | <input type="checkbox"/> Malignancy in Legs or Arms |
| <input type="checkbox"/> Sutures/Stitches       | <input type="checkbox"/> Pulmonary Edema            | <input type="checkbox"/> Limb Infections            |
| <input type="checkbox"/> Open Wounds            | <input type="checkbox"/> Pulmonary Embolism         | <input type="checkbox"/> Cellulitis                 |
| <input type="checkbox"/> Contusions             | <input type="checkbox"/> Skin Conditions            | <input type="checkbox"/> Lymphangiosarcoma          |
| <input type="checkbox"/> Abrasions              | <input type="checkbox"/> Infected Wounds            | <input type="checkbox"/> Other _____                |
| <input type="checkbox"/> Severe Atherosclerosis | <input type="checkbox"/> Recent Skin Graft          |   |

**Note:** We cannot evaluate your medical conditions, medications, allergies, or surgeries with regards to the safety of Compression Therapy. If you have any questions about the status of your health, please consult your physician before engaging in any service.

**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

**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

\_\_\_\_\_  
Minor's Name (Please Print)

\_\_\_\_\_  
Minor's Signature

\_\_\_\_\_  
Date