**Massage by Julia Julia Morrow, CMT/CMLDT/CES 818.421.0597**

# Massage Client Health Information/Consent Form

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

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

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

How did you hear about *Massage by Julia*? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***Yes√ No√***

|  |
| --- |
| \_\_\_ \_\_\_ Have you had a professional massage before? Most recent date? |
| \_\_\_ \_\_\_ Do you exercise several times per week? Type? |
| \_\_\_ \_\_\_ Do you stretch several times per week? # of mins? |
| \_\_\_ \_\_\_ Are you pregnant? # of wks? |
| \_\_\_ \_\_\_ Have you had cancer? If yes, please fill out cancer form on the back. |
| \_\_\_ \_\_\_ Are you currently taking any medications? For what conditions? |
| \_\_\_ ­\_\_\_ Are you allergic to shellfish/glucosamine? |

***Circle if you have:***

|  |  |  |
| --- | --- | --- |
| Frequent headaches | Liver/kidney problems | Arthritis/osteoporosis |
| High blood pressure/stroke | Clots/phlebitis | Scars that cause pulling/itching |
| Numbness/tingling/stabbing pain/neuropathy | Surgeries (list dates below) | Scoliosis/Fibromyalgia |
| Tension in a specific area? Where? | Diabetes | Torn ligaments/tendons? |

Please use this space to expand any answers from above:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What specific areas would you like me to focus on or avoid? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that:

* Massage is for the basic purpose of relaxation, relief of muscular tension, & pain relief.
* If I experience any pain or discomfort during this session, I will immediately inform the practitioner.
* Massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, & that nothing said in the course of the session(s) should be construed as such.
* I have stated all my known medical conditions & answered all questions honestly.
* The practitioner will keep my health information **confidential**, unless I have given consent to the practitioner to consult with my physician.
* Also, any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

***No Show Policy***: Clients must pay for their missed appointment, & are welcome to
 reschedule as soon as they have paid for the missed appointment.

***Late Arrivals***: Clients will be given a massage for the remaining minutes of their appt.

**Sign:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Massage by Julia Health Information Form, cont’d

**Cancer survivors, please fill out this section:**

Type of cancer and location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of diagnosis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you experiencing any pain? Yes No

 If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you on medications for inflammation or pain? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have fragile bones: Yes No Don’t Know

How is your general energy level? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had lymph nodes removed? Yes No Don’t Know

 If yes, from where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number of nodes removed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Have you had: | Yes | No | If yes, it is ongoing or completed? |
|  |  |  |  |
| Cancer-related surgery |  |  |  |
| Reconstruction |  |  |  |
| Chemotherapy |  |  |  |
| Radiation |  |  |  |

During your massage session, are you able to lie on your stomach/back/side?

*Medical devices currently in use*: IV catheter port breast expander prosthetic breast urinary catheter other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please circle if you are experiencing any of these conditions:*

Nausea low appetite fatigue bruising neuropathy in hands/feet edema rash bone pain scars/adhesions joint problems dry/fragile skin blood clots