



skin body soul

Massage Informed Consent

Have you had any recent illness, operations, or broken bones? Yes _____ No _____

If yes, please explain:

Do you have any of the following conditions? Please check all that apply.

High Blood pressure _____

Osteoporosis _____

Cancer _____

Edema _____

Arthritis _____

scoliosis _____

Do you have any other medical or skin conditions not listed above? Yes _____

No _____

If yes, please explain:

*Answering yes to any of the above does not mean that you cannot receive a massage, but you may be asked to contact our physicians for a referral prior to receiving a massage.

Are there any specific areas of the body where you are sore or would like extra attention applied? Yes _____ No _____

If yes, please specify:

I understand that the massage services offered are for relaxation and stress relief. They are in no way designed to take place of a doctors care when it is indicated. Information exchanged during a massage session is education in nature and is intended to help you become more familiar and conscious of your own health status and is to be used at your discretion.

Signature: _____

Date: _____