

Have you had a massage before? Yes No

What is the reason you are seeking massage therapy? \_\_\_\_\_

Location of pain? Try to be as specific as you can. \_\_\_\_\_

Cause of pain (if known) \_\_\_\_\_

How long have you had the pain? \_\_\_\_\_

How frequent is the pain? (all day/night/comes and goes)

How intense is the pain? Please indicate on scale: 1 2 3 4 5 6 7 8 9 10

How would you describe the pain? (achy, throbbing, burning)

What makes it better? \_\_\_\_\_

What makes it worse? \_\_\_\_\_

Are you taking any medications for this pain/condition? (muscle relaxants, painkillers?)

What results do you desire from your treatment?

### Informed Consent to Treat

Massage Therapy involves the manipulation of the soft tissues of the body, skin, muscle, ligament and connective tissues, using techniques to produce therapeutic results.

With Massage Therapy, the client disrobes to their level of comfort, and lies on the table between 2 sheets. Only the areas of the body being treated are uncovered at one time. If at any time you are uncomfortable with the pressure of technique, you can tell the therapist. You can also stop the treatment at any time.

I have read the above and give consent for treatment.

24 hours notice when moving or cancelling appointments or full price will be charged.

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_