Massage Therapy Consent Form

Today's Date: _____

Client Information

Last Name: _____ First: _____ DOB: _____

Mailing Address: _____

Email Address: _____

Cell Phone: _____ Home Phone: _____

Emergency Contact: _____ Phone: _____

Treatment History

The following information will be used to help plan a safe and effective therapeutic session. Please answer the questions to the best of your knowledge.

1. Have you received a professional massage before? [ ] Yes [ ] No

   If yes, how often do you receive massage therapy? _____

2. Do you have any difficulty lying on your stomach, back or either side? [ ] Yes [ ] No

   If yes, please explain more. _____

3. Do you have any allergies to essential oils, lotions, or ointments? [ ] Yes [ ] No

   If yes, please list. _____

4. Do you have sensitive skin? [ ] Yes [ ] No

5. Are you wearing contact lenses? [ ] Yes [ ] No Dentures? [ ] Yes [ ] No Hearing Aid? [ ] Yes [ ] No

6. Do you sit for long hours at a workstation, computer, or while driving? [ ] Yes [ ] No

   If yes, please explain more. _____

7. Do you perform any repetitive movement in your work, sports, or hobby? [ ] Yes [ ] No

   If yes, please explain more. _____

8. Do you experience high levels of stress on a regular basis? [ ] Yes [ ] No

   If yes, please explain more. _____

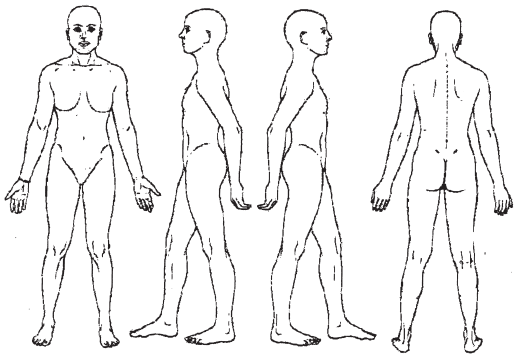
9. Are there any areas of your body where you're experiencing tension, stiffness, pain or other discomfort? [ ] Yes [ ] No

   If yes, please identify. _____

10. Do you have any particular goals in mind for today's session?

    If yes, please identify. _____

Please take a moment to circle any areas that you would like Myra to concentrate on today.



WellQuest

WellQuest Medical & Wellness
3400 Southeast Macy Road #18
Bentonville, Arkansas 72712
P: 479-845-0880 F: 479-845-0887

Medical History

In order to plan a massage session that is safe and effective, we need some general information about your medical history. Please complete to the best of your knowledge.

1. Are you currently under medical supervision? [ ] Yes [ ] No

   If yes, please explain more. _____

2. Do you see a chiropractor regularly? [ ] Yes [ ] No

3. Are you currently taking any medication? [ ] Yes [ ] No

   If yes, please list. _____

4. Please check any conditions listed below that apply to you:

[ ] contagious skin condition
[ ] open sores or wounds
[ ] easy bruising
[ ] recent accident or injury
[ ] recent fracture
[ ] recent surgery
[ ] artificial joint
[ ] sprains or strains
[ ] current fever
[ ] swollen glands
[ ] allergies / sensitivity
[ ] heart condition
[ ] high or low blood pressure
[ ] circulatory disorder
[ ] varicose veins
[ ] atherosclerosis
[ ] phlebitis
[ ] deep vein thrombosis / blood clots
[ ] joint disorder / rheumatoid arthritis / osteoarthritis / tendonitis
[ ] osteoporosis
[ ] epilepsy
[ ] headaches / migraines
[ ] cancer
[ ] diabetes
[ ] decreased sensation
[ ] back / neck problems
[ ] fibromyalgia
[ ] TMJ
[ ] carpal tunnel syndrome
[ ] tennis elbow
[ ] pregnancy If yes, how many months?

Please explain anything that you have selected above: _____

_____

_____

_____

5. Is there anything else about your health that you think we should know? [ ] Yes [ ] No

_____

Acknowledgement

I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage therapy should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of.

Client Name: _____

(Please Print)

Client Signature: _____ Date: _____

WellQuest

WellQuest Medical & Wellness
3400 Southeast Macy Road #18
Bentonville, Arkansas 72712
P: 479-845-0880 F: 479-845-0887