



Replenishing Touch Massage, LLC
 134 E State St
 Media, PA 19063

Client Information & Consent

Name _____
 Birthdate _____ E-Mail _____
 Address _____ Phone #: (home) _____
 City _____ State _____ Zip _____ (mobile) _____
 Occupation _____ Employer _____ (work) _____
 Doctor's Name _____ Emergency Contact Name/Phone _____

Please carefully read and answer the following, and sign in the presence of your massage practitioner.

Yes No Have you previously experienced a professional massage/bodywork session? If so how recently? _____

If you answer yes to any of the following, please write a clear explanation if more detail is appropriate.

- | | |
|---|---|
| Yes No Do you frequently suffer from stress? | Yes No In the past 2 years: a) have you had any broken bones? |
| Yes No Do you have diabetes? | Yes No b) been in an accident or suffered any injuries? |
| Yes No Do you experience frequent headaches? | Yes No Do you have tension/soreness in any specific areas? |
| Yes No Are you pregnant? | Yes No Do you have cardiac or circulatory problems? |
| Yes No Do you suffer from arthritis? | Yes No Do you suffer from back pain? upper/mid/lower? |
| Yes No Do you wear contact lenses? | Yes No Do you have any numbness or stabbing pain anywhere? |
| Yes No Do you wear dentures or a partial? | Yes No Are you very sensitive to touch or pressure in any area? |
| Yes No Do you have high blood pressure? | Yes No Have you ever had surgery? Please elaborate if so. |
| Yes No Do you suffer from epilepsy or seizures? | |
| Yes No Do you suffer from joint swelling? | |
| Yes No Do you have any contagious disease? | |
| Yes No Do you have osteoporosis? | |
| Yes No Do you have any allergies? | |
| Yes No Do you bruise easily? | |

Please list any other medical conditions along with any medications:

Additional comments/concerns: _____

I understand that massage treatments administered at and by Replenishing Touch Massage are of a non-sexual nature, for the general purpose of stress reduction, relieving muscular tension/spasm, or for increasing circulation and energy flow. I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and that I will be liable for payment of the session in full as it was scheduled. I agree to immediately inform the practitioner if I experience any pain or discomfort during the session so that the pressure and/or movements may be adjusted to my level of comfort. I further understand that the massage practitioner does not diagnose illness, disease, or any other physical, mental, or emotional disorder. As such, the massage practitioner does not prescribe medical treatment or medication, nor perform spinal manipulations. I understand that massage/bodywork is not a substitute for medical examination and/or diagnosis and that I should see a qualified medical specialist for any physical ailment I might have. Because the massage practitioner must be aware of all existing conditions to determine if massage is beneficial for me, I attest that I have stated all my known medical conditions in writing above, and take it upon myself to keep the massage practitioner updated on all aspects of my health for subsequent visits, understanding that there shall be no liability on the practitioner's part should I fail to do so.

Client Signature (in person before session) _____ Date _____

Practitioner Signature _____ Date: _____

Consent to Treatment of Minor: By my signature below, I hereby authorize _____ to administer massage/bodywork techniques to my child or dependent as deemed appropriate by the practitioner.

Signature of Parent/Guardian _____ Date: _____