

Informed Consent for Services and Treatments

Massage Therapy

Are you currently under a Physician's care? _____

Any recent injuries or surgeries? _____

Are you pregnant? _____

Massage Therapy is contraindicated during the 1st trimester

Health Problems: (circle all that apply)

Allergies Arthritis Back Pain Cancer Cardiac Problems

Circulatory Problems Epilepsy/Seizures Headaches High/Low blood pressure

Skin Disorder Elevated Stress-levels Varicose Veins Diabetes

Other _____

**I understand that the massage/bodywork that I receive is provided for the 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 can be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for a medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialists for any mental or physical ailments that I am aware of. I affirm that I have stated all my known conditions, and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the U Medspa and therapist's part should I forget to do so. I will be liable for payment of the scheduled appointment.

Client Signature: _____

Date: _____

*This Consent Form is good for one year.