Massage Therapy Intake & Consent Form

About This Form

 asks every client to complete this form before their first massage, and to update it when their health changes. The information helps my therapist choose safe techniques, avoid areas or methods that could cause harm, and make my session as effective and comfortable as possible.

Reason for My Visit

I will tell why I am booking massage, for example relaxation, muscle tension, recovery from activity, or a specific area of discomfort, and whether I have had professional massage before. I will share my preferred pressure (light, medium or firm) and any areas I want my therapist to focus on or avoid.

Health Information

I understand that massage may not be appropriate, or may need to be modified, if I have certain conditions. I have disclosed whether I currently have or have recently had:

- blood clots, deep vein thrombosis, varicose veins or a bleeding disorder;
- high or low blood pressure, heart disease or a pacemaker;
- recent surgery, fractures, sprains or other injuries;
- cancer or current cancer treatment;
- diabetes, neuropathy or reduced sensation;
- arthritis, osteoporosis, disc problems or joint replacements;
- headaches, migraines, dizziness or recent head injury;
- skin conditions, rashes, open wounds, sunburn or contagious illness;
- fever, flu-like symptoms or recent infection;
- allergies to oils, lotions, nuts, fragrances or latex; and
- pregnancy, including the current stage of pregnancy.

I have listed the medications I take, including blood thinners and pain relievers, since these can affect how my body responds to pressure. I will tell my therapist before each session if anything has changed.

Scope of Practice

I understand that massage therapy is provided for relaxation, relief of muscle tension and general well-being. My therapist does not diagnose illness or injury, prescribe medication, or perform spinal adjustments, and massage is not a substitute for medical examination or treatment. If I have a medical condition, I will follow my physician's advice, and I understand that may ask for written clearance before treating me.

Consent to Treatment

I consent to receive massage therapy from . I understand that:

- I will be properly draped at all times, and only the area being worked on will be uncovered;
- I may keep on any clothing I prefer, and the session will be adapted;

- I can ask my therapist to change pressure, technique or room temperature, or skip any area, at any time;
- I may end the session at any time for any reason; and
- some soreness for a day or two after deep or focused work is normal.

Professional Conduct

I understand that massage at is strictly professional and therapeutic. Any sexual comments, requests or behavior by a client will result in the session ending immediately, with full payment due, and may be reported. My therapist may also end a session if they believe it is unsafe to continue.

Minors

If the client is under 18, I am their parent or legal guardian, I consent to the massage on their behalf, and I will be present or available during the session as required by and local rules.

Emergency

If I become unwell during a session, I authorize to provide first aid, contact my emergency contact and call emergency services. I am responsible for any resulting costs.

Cancellation Policy

I agree to give at least [24] hours' notice to cancel or change my appointment. Late cancellations and missed appointments may be charged [50% / 100%] of the session price. If I arrive late, my session may end at the scheduled time and the full price will apply.

Privacy

 will keep my intake information and session notes confidential. They will be used only to provide my care, will be stored securely, and will not be shared without my written consent unless required by law or in an emergency. I may ask to see or correct the information I have provided.

Release

I understand that massage carries small risks, such as soreness, bruising, light-headedness or allergic reaction to products. To the extent permitted by law, I release and its therapists from liability for injuries that arise from information I failed to disclose or from inherent risks of massage, except in cases of gross negligence or willful misconduct. This form is governed by the laws of the state or country in which operates. If any part is unenforceable, the rest remains in effect, and an electronic signature on this form has the same effect as a handwritten one.

Please initial each statement

___ I have provided complete and accurate health information and will tell my therapist if anything changes.

___ I understand massage is not a substitute for medical care and my therapist does not diagnose or prescribe.

___ I understand I can ask to change or stop the session at any time.

___ I agree to the cancellation and professional conduct policies of {{business}}.

Participant full name

Date

Date of birth

Phone

Email

Emergency contact name & phone

Signature