

Massage Consultation Form

Patient information	
Full name:	
Date of birth:	Gender:
Address:	
Phone number:	Email address:
Emergency contact:	Relationship with client:
Emergency contact number:	
Therapist's name:	
Therapist's contact information:	
Health history	
Reason for massage:	
Have you ever had a professional massage before?	Yes No
If yes, what type of massage and how long ago?	
Current medical issues:	
Medications, supplements, etc.:	
Allergies:	
Previous injuries:	
Previous surgeries:	

Current pain level (1 being the lowest, 10 being the highest):

1 2 3 4 5 6 7 8 9 10

Massage preferences

Preferred massage type:

Areas to focus on:

Pressure preference:

Additional comments:

Informed consent

I _____, hereby consent to receive massage therapy from _____.

I understand that massage therapy involves the manipulation of soft tissue and muscles to promote relaxation, alleviate pain, improve circulation, and enhance overall well-being. I have been informed that the massage therapist will discuss any significant findings that arise during the session and any necessary recommendations for further treatment.

I acknowledge that massage therapy is not a substitute for medical treatment or diagnosis, and I have disclosed all relevant medical conditions, medications, and concerns to my therapist. I understand that it is my responsibility to inform the therapist of any changes in my health status or medical history.

I understand that there may be risks associated with massage therapy, including but not limited to bruising, soreness, and allergic reactions to oils or lotions used during the session. I agree to communicate openly with my therapist about my comfort level during the massage and to inform them immediately of any discomfort or pain experienced during the session.

I understand that I have the right to refuse any massage techniques or modalities and to terminate the session at any time. I release the therapist, their associates, and the facility from any liability arising from the massage therapy session, except for acts of gross negligence or intentional misconduct.

I have read and understand the above information and voluntarily consent to receive massage therapy.

Patient's signature:

Date:

Therapist's signature:

Date: