



# Massage Consent Form

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Mobile Phone \_\_\_\_\_ Home Phone \_\_ (\_\_\_\_) \_\_\_\_\_  
 Email \_\_\_\_\_ How did you hear about Karma Day Spa? \_\_\_\_\_

Have you received therapeutic massage before? Yes No If yes: Occasionally Regularly

What is your preference for pressure? Light Moderate Deep Are you pregnant? Yes No

Do you currently have— or have you ever had— any problems or discomfort in the following areas?  
 (Circle all that apply)

back/spine	arthritis	athlete's foot/fungus	legs/feet
digestion	sinus	arms/hands	constipation
skin	neck/shoulders	diarrhea	varicose veins
joints	hearing	headaches	speech
diabetes	cancer	cardiovascular/heart	vision
contacts? (y/n)	insomnia	sciatic	numbness/tingling
respiratory/lungs	blood pressure (hi/lo)	range of motion (limited)	other _____

Describe any of the above conditions:

Describe any operations, accidents or injuries you have had and any relevant dates:

Describe any medications you are taking (including self-prescribed):

List any hobbies, sports, exercise, or other activity:

Name and telephone number of your physician:

**General Health and Conduct Policies:**  
 I understand that the bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should consult a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment that I am aware of. 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 therapists part should I neglect to do so. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

- Information and Suggestions**
- Prior to your massage, remove all jewelry.
  - Usually, massage is given while you are unclothed. We provide a top sheet because Tucson law mandates that genital areas be covered. Modesty and comfort levels vary from person to person. You may choose to wear undergarments or nothing at all. This is your massage and you should feel as comfortable as possible.
  - During your massage, you may want to give your therapist feedback as to pressure (deeper or lighter) or point out painful or ticklish areas of your body.
  - Feel free to ask your massage therapist any questions about the procedure. Your therapist is a highly trained professional and will be happy to make you feel well informed and comfortable.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist: \_\_\_\_\_ Date: \_\_\_\_\_