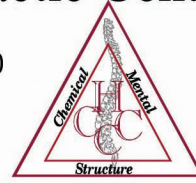


# Comprehensive Health and Chiropractic Centre

Massage  
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## Massage Therapy Intake Consent Form

*THIS FORM MUST BE COMPLETED & SIGNED **BEFORE** RECEIVING A MASSAGE.*

### *General & Medical Information*

Have you ever experienced a professional massage? \_\_\_\_\_

Which areas would you like to focus on during this massage? \_\_\_\_\_

Do you have any of the following conditions? If yes, please explain below as clearly as possible.

- |                      |                                      |                                    |
|----------------------|--------------------------------------|------------------------------------|
| _____ Stress         | _____ Allergies                      | _____ Contagious disease           |
| _____ Diabetes       | _____ Wear contact lenses            | _____ Back pain                    |
| _____ Pregnant       | _____ Cancer                         | _____ Cardiac/circulatory problems |
| _____ Arthritis      | _____ Sensitive to touch or pressure | _____ Frequent headaches           |
| _____ Osteoporosis   | _____ Epilepsy or seizures           | _____ Bruise easily                |
| _____ Joint swelling | _____ Varicose veins                 | _____ Depression                   |
- \_\_\_\_\_ Numbness or stabbing pains? Explain below.  
\_\_\_\_\_ High blood pressure. If yes, are you taking medication for this? Explain below.  
\_\_\_\_\_ Surgery in the past five years? Explain below.  
\_\_\_\_\_ Accident or suffered any injuries in the past 2 years? Broken bones, etc. Explain below.  
\_\_\_\_\_ Other medical conditions not listed. Explain below.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment. I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the massage therapist updated as to any changes in my medical profile during the session and understand that there shall be no liability on the massage therapists part should I fail to do so. I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session. I also understand that the License Massage Therapist reserves the right to refuse to perform massage on anyone whom he/she deems to have a condition for which massage is contraindicated.

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

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

How would you like to receive your Reminder Calls? (Please Circle the appropriate choice)

1) Telephone; 2) Email 3) Text (Cell Carrier \_\_\_\_\_); 4) None

Would you like to receive our newsletter/specials by email? 1) Yes; 2) No (please circle your choice)