

Informed Consent Agreement For Massage

All information is strictly confidential and will be released only with approval from you. This information helps your therapist provide you with the highest quality of care. Thank you!

Name _____

Address _____

City _____ State _____ Zip Code _____

Phones (H) _____ (W) _____

(C) _____ (e-mail) _____

Birth Date _____ Occupation _____

How were you referred to us? _____

Have you ever had a professional massage before? _____

About how long ago? Or how often received? _____

I am over 18 years of age: Yes No, requires parental consent

If female: Are you pregnant? Yes No

We welcome you to receive professional services in Therapeutic Massage and Bodywork for stress reduction, relief from muscular tension and pain, or for general preventative health care. Studies through the Touch Research Institute at the University of Miami consistently show benefits of improved functioning for adults and children through regular massage and bodywork. We trust this will be your experience as well. Your therapist will be able to discuss these benefits with you further.

The laws regulating Therapeutic Massage in Texas and monitored by the Texas Department of Health require that we discuss the following five categories with you and ask for your signature.

1. The **type** of massage techniques the therapist anticipates using are:

Swedish Range of Motion Trigger Point Deep Tissue Reflexology
Lymphdrainage Acupressure Somatic Breathwork Japanese Hot Stone
Energy balancing Reiki

The transgradient techniques of the **Surya Program**:

Integrative Healing Personal Process Surya Ram™ Meditation

2. The **parts of the body** to be massaged in an individual session or series are:

Full body Head Neck Shoulders Low back Back Hips Legs
Feet Pelvis Arms Hands Abdomen Face TMJ/Mouth/Intraoral

Other: _____

Indications for massage: _____

The parts you wish the therapist to avoid are: _____

Contraindications: _____

3. The therapist will not engage in breast massage of female clients without written consent of the client. You may talk to the therapist if you have questions.
4. Appropriate draping will be used during each session. If you get too cool or warm, let your therapist know and they will adjust the draping and room temperature accordingly.
5. If you are uncomfortable at any time, for any reason, you may ask the therapist to stop the massage. If necessary, you may report any misconduct to the Texas Department of Health, (512) 834-6616.

We desire to provide you with the highest quality massage therapy and bodywork through attention, consideration and skill. We believe that our services will work to help you co-create a healthy lifestyle.

Client Signature _____ Date _____

Therapist Signature _____ Date _____

Health History

Stress level today: please circle Low 1 2 3 4 5 6 7 8 9 10 High

Are you under the care of a physician or licensed medical professional? Yes No

If yes, what are you being treated for: _____

Are you taking any medications? Please list and specify condition being treated.

Client Preferences: Depth of Pressure: Deep Medium Light

Pain Threshold: High Medium Low

