



## NCH Wellness Massage Therapy Consent Form

*This form must be completed and signed before receiving a massage*

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

### General and Medical Information

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

Which area(s) would you like to focus on during this massage? \_\_\_\_\_

Which area(s) do you not wish to be massaged? \_\_\_\_\_

Please list any medications that could affect this massage, such as blood thinners:

\_\_\_\_\_

Please check if you have any of the following conditions. If *yes*, please explain below as clearly as possible.

<input type="checkbox"/>	Stress	<input type="checkbox"/>	Phlebitis	<input type="checkbox"/>	Artificial Joint
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Wear contact lenses	<input type="checkbox"/>	Back Pain
<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Cardiac/Circulatory Problems	<input type="checkbox"/>	Contagious Skin Condition
<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Frequent Headaches/Migraines	<input type="checkbox"/>	Skin Issues
<input type="checkbox"/>	Osteoporosis	<input type="checkbox"/>	Epilepsy or seizures	<input type="checkbox"/>	Bruise easily
<input type="checkbox"/>	Joint swelling	<input type="checkbox"/>	Varicose Veins	<input type="checkbox"/>	Open cuts or sores
<input type="checkbox"/>	Numbness	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	Allergies/Sensitivity
<input type="checkbox"/>	Pacemaker	<input type="checkbox"/>	Low Blood Pressure	<input type="checkbox"/>	Asthma
<input type="checkbox"/>	Musculoskeletal Problems	<input type="checkbox"/>	Sensitivity to Pressure/Touch	<input type="checkbox"/>	Carpal Tunnel Syndrome
<input type="checkbox"/>	TMJ	<input type="checkbox"/>	Surgery in the past 5 years (list below)	<input type="checkbox"/>	Injuries in the past 2 years? (list below)
<input type="checkbox"/>	Currently Pregnant	<input type="checkbox"/>	Other conditions? (list below)	<input type="checkbox"/>	

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Cancellations & Expiration Dates:** I understand that NCH Wellness requires a 24-hour minimum cancellation notice for all massage appointments. The fee for the scheduled massage will be charged to the credit card, gift certificate, or prepaid massage package on file for any cancellations with less than a 24-hour notice or a no-show for the appointment, with no exceptions. Massage packages expire 18 months from the date of purchase.

**Continued On Reverse Side**

**Liability Release:** 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 I shall assume all liability for damages sustained as a result of my failure to provide the massage therapist with any changes. I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session and/or loss of massage service privileges. I also understand that the Licensed Massage Therapist reserves the right to refuse to perform massage on anyone who he/she deems to have a condition for which massage is contraindicated.

**Policies & Etiquette:**

- A credit card, completed EFT Form and Consent Form must be on file prior to scheduling massage appointment, regardless of your payment method. This includes those paying with a Series Sales Package, gift card or gift certificate. *There are no exceptions to this rule.*
- If receiving a massage at a member rate, your wellness membership must be active at the time of the massage to receive this rate.
- Massages are available by appointment only. Member and non-member pricing is available.
- Massage clients must check-in for their appointment at the front desk.
- Massages may not be scheduled more than 6 months in advance.
- Massages are non-transferable. Single massages and/or specialty packages may not be used by other members or non-members. If purchasing as a gift, the service must be purchased at the recipient's rate.
- Massage packages expire 12 months from the date of purchase.
- Individual massages and massage packages are non-transferrable and non-refundable.
- NCH Wellness is not responsible for reminding clients of their scheduled massages.
- Upon request, courtesy appointment reminders may be sent via email. The reminder emails are sent out 24 hours before your appointment. It is the client's responsibility to check spam/junk mailboxes for any incoming mail. NCH Wellness Center is not responsible for any bounced or failed email communications.
- If you choose to tip your therapist, we are unable to provide change at the front desk.
- Please arrive on time for your scheduled massage. If you are more than 10 minutes late, it will be at our discretion whether to accommodate a partial or full appointment. If you are more than 15 minutes late for a massage, your attendance will be automatically be a no show. The original reservation fee will be charged.

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