

Grounded Therapeutics - Massage Waiver

Client Name: _____ Date: _____

Date of Birth: _____ Gender: _____

Address: _____

Phone: _____ Email: _____

Referred by: _____

Emergency contact: _____

Phone: _____

Have you ever received professional massage/bodywork before? Yes No

How recently? _____

What did you like/not like about your previous massage? _____

What kind of pressure do you prefer? Light Medium Firm

What are your goals/expected outcomes for receiving massage/bodywork?

Are there any areas you do **NOT** want massaged? (feet, face, scalp, etc)

List any current symptoms/issues (stress, pain, stiffness, numbness/tingling, swelling, etc.):

Do these symptoms interfere with your activities of daily living (e.g., sleep, exercise, work)? Yes No

Explain _____

List the medications you currently take:

Are you wearing contacts? Yes No

Are you wearing dentures? Yes No

Are you wearing a hairpiece? Yes No

Are you pregnant? Yes No

Have you had any injuries or surgeries in the past that may influence today's treatment?

Check any of the following health conditions that you currently have (If you are unsure, please ask):

___ blood clots ___ infections ___ congestive heart failure ___ contagious diseases ___ pitted edema

Please answer honestly, as massage may not be indicated for the above conditions.

Please indicate current and past conditions. Explain in detail, including treatment received:

Current Past Muscle or joint pain _____

Current Past Muscle or joint stiffness _____

Current Past Numbness or tingling _____
 Current Past Swelling _____
 Current Past Bruise easily _____
 Current Past High/Low blood pressure _____
 Current Past Stroke, heart attack _____
 Current Past Varicose veins _____
 Current Past Shortness of breath, asthma _____
 Current Past Cancer _____
 Current Past Neurological (e.g. MS, Parkinson's, chronic pain) _____
 Current Past Epilepsy, seizures _____
 Current Past Headaches, Migraines _____
 Current Past Dizziness, ringing in the ears _____
 Current Past Digestive conditions (e.g. Crohn's, IBS) _____
 Current Past Gas, bloating, constipation _____
 Current Past Kidney disease, infection _____
 Current Past Arthritis (rheumatoid, osteoarthritis) _____
 Current Past Osteoporosis, degenerative spine/disk _____
 Current Past Scoliosis _____
 Current Past Broken bones _____
 Current Past Allergies _____
 Current Past Diabetes _____
 Current Past Endocrine/thyroid conditions _____
 Current Past Depression, anxiety _____
 Current Past Memory Loss, confusion, easily overwhelmed _____

Cancellation Policy

We understand that unanticipated events happen occasionally in everyone's life. In our desire to be effective and fair to all clients, the following policies are honored:

24 hour advance notice is required when cancelling an appointment. This allows the opportunity for someone else to schedule an appointment. If you are unable to give us 24 hours advance notice you will be charged \$35. This amount must be paid prior to your next scheduled appointment.

No-shows

Anyone who either forgets or consciously chooses to forgo their appointment for whatever reason will be considered a "no-show." They will be charged the full amount of the scheduled massage for their "missed" appointment.

Consent for Treatment:

If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners 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/bodywork 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 practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that massage is entirely therapeutic and non-sexual in nature. Understanding all of this, I give my consent to receive care.

Client Signature: _____ Date: _____

Parent or Guardian Signature (in case of a minor): _____ Date: _____