

Allure Free Your Body & Mind

Bodywork

Bodywork Services Consent Form

THIS FORM MUST BE COMPLETED & SIGNED BEFORE RECEIVING ANY BODYWORK

General & Medical Information

Have you ever experienced a bodywork session? _____

Which areas would you like to focus on during this bodywork session? _____

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Stress | <input type="checkbox"/> Allergies | <input type="checkbox"/> Contagious disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Wear contact lenses | <input type="checkbox"/> Back pain |
| <input type="checkbox"/> Pregnant | <input type="checkbox"/> Cancer | <input type="checkbox"/> Cardiac/circulatory problems |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Sensitive to touch or pressure | <input type="checkbox"/> Frequent headaches |
| <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"/> Depression |
| <input type="checkbox"/> Numbness or stabbing pains? Explain below. | | |
| <input type="checkbox"/> High blood pressure. If yes, are you taking medication for this? Explain below. | | |
| <input type="checkbox"/> Surgery in the past five years? Explain below. | | |
| <input type="checkbox"/> Accident or suffered any injuries in the past 2 years? Broken bones, etc. Explain below. | | |
| <input type="checkbox"/> Other medical conditions not listed. Explain below. | | |

Comments: _____

I understand that the bodywork 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 bodyworker so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that bodywork 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 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 massage therapist updated as to any changes in my medical profile during the session and understand that there shall be no liability on the bodyworker's 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 bodyworker reserves the right to refuse to perform bodywork on anyone whom he/she deems to have a condition for which massage is contraindicated.

Client Signature _____ Date _____

NAME: _____ PHONE: _____

EMAIL: _____ BODYWORKER'S NAME: _____