

Chair Massage Consent and Release Form

Name _____ Phone _____ DOB _____

Address _____ City _____ St _____ Zip _____

Email _____

Have you ever had massage before? Yes No

What pressure do you prefer? Light Medium Firm

Do you have any medical conditions, or have you recently had an injury or surgery that could be affected by today's massage session? Yes No *If yes, please explain:*

Are you currently under a physician's supervision for this condition/injury/surgery? Yes No

If yes, please explain:

Are you currently taking any medications for this condition/injury/surgery? Yes No

If yes, please explain:

Client's Consent and Release:

Massage should not be performed under certain medical conditions. I affirm that I have stated all my known medical conditions and have answered all questions. I understand that there shall be no liability on the practitioner's part for the aggravation of conditions that were present, but not disclosed, at the time of signing and which may be affected by the massage session. I understand that I will be receiving massage therapy as an adjunct form of healthcare only and that this session is not a substitute for medical examination, diagnosis or treatment. I release the massage therapy of all liability for any harm that may unintentionally occur during my treatment.

Patient Signature _____ Date _____

For practitioner use only:

5 10 15 20 30 minute massage

effleurage petrissage elbow trigger point arm glides tapotement

scalp suboccipitals scalenes levator scapula trapezius rhomboids teres erectors latissimus dorsi
 quadratus lumborum gluteus medius deltoids forearm extensors hands

Practitioner Signature: _____