

Oasis Massage  
Massage Intake & Informed Consent

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Massage Information**

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

If yes, how recently? \_\_\_\_\_

What types of massage/bodywork do you prefer? \_\_\_\_\_

What kind of pressure do you prefer?  Light  Medium  Firm

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

Pain Management  Injury Recovery  Athletic Improvement  Self-Care

Relaxation  Stress Relief  Other: \_\_\_\_\_

How do you feel today? List & prioritize any symptoms (stress, pain, stiffness, numbness/tingling, swelling, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

These symptoms interfere with  sleep,  exercise,  work,  childcare  other: \_\_\_\_\_

Have you had any recent injuries or surgeries that may influence today's treatment? \_\_\_\_\_  
\_\_\_\_\_

**Informed Consent For Massage Therapy**

I acknowledge that I am aware of the overall benefits and have been made aware of any general risks of massage as well as any specific risks based on the information I have provided. After discussion with the above massage therapist, I was given the opportunity to ask questions.

I understand that massage, especially deep tissue techniques may cause bruising or discoloration of the skin in the area being massaged. Soreness may be experienced during and/or after the session.

I acknowledge that I was informed of the draping that is used and that I have the opportunity at any time to request changes to pressure or areas of massage. I understand that open and honest communication with my therapist will allow for better results and a more enjoyable experience.

I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be charged 100% of the scheduled appointment.

I 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. Having been informed, I understand and give my consent for massage today and ongoing, if applicable.

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