



**Massage Therapy 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: \_\_\_\_\_

**Informed Consent**

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 that I have provided. After discussion with the practitioner, I was given the opportunity to ask questions.

I understand that massage, especially deep tissue techniques and cupping, 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 have been informed about the draping procedures used during the session and that I have the option to request changes to pressure or focus areas at any time. I understand that open and honest communication with my practitioner will facilitate 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 for 100% of the scheduled appointment.

I understand that services provided by Oasis Massage or its practitioners should not be considered a substitute for medical examination, diagnosis, or treatment. I acknowledge the importance of consulting a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware.

I acknowledge that my practitioner may utilize a variety of modalities during my sessions, including but not limited to massage and manual therapy, personal training, yoga, stretching, reiki, and/or other energy work. I understand that the specific modalities used may vary depending on the practitioner's training, expertise, and legal scope of practice.

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 the scheduled services today and ongoing, if applicable.

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

Date: \_\_\_\_\_