



Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Cell phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Email: \_\_\_\_\_ Occupation \_\_\_\_\_  
 Male Female DOB: \_\_\_\_\_ Parent/Guardian/ICE: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about our Business?						
Gift Certificate	YELP	Friend/Family	Google	Social Media	Radio	Other

*The following information will be used to plan safe and effective treatments. Please answer the questions to the best of your knowledge.*

- Have you experienced professional massage therapy before?
    - If YES, what types of massage have you experienced?\_
    - How often do you receive massage therapy?\_
  - What level of pressure is preferred during your sessions:
  - Stress Level (1 least – 10 highest)
  - What is today’s primary concern or goal with your massage?
  - Do you have difficulty laying on your back, stomach or side?
    - If yes, describe what difficulties you experience and in which position(s) you experience it:
  - Do you have any allergies? Please list
  - Are you currently under the care of a medical professional?
    - If yes, Doctor’s name and reason for treatment:
  - Currently taking any medications?
    - List name and purpose
  - Are you currently pregnant?
    - How far along?
- \*\*Massage Therapy of Fredericksburg reserves the right to deny services to anyone in their first trimester or anyone experiencing a high-risk pregnancy. Additional consent forms are required. \*\**
- Have you ever had surgery?
    - Please list reason and how long ago

For the following medical conditions, please mark if you have a past history with the illness/injury or are currently experiencing symptoms of the condition:

Autoimmune Condition*	Hernia	Kidney Conditions	Shin Splints
Anxiety	Fever	IBS/Crohn's/UC	Rheumatoid Arthritis
Blood Clots	Fallen Arches	Menopause	Sprain/Strain
Asthma	Easy Bruising	Liver Conditions	Seizures
Bunions	Frozen Shoulder	Implants/Prosthetics	Tendinitis
Broken Bone	Heart Condition	Muscle Spasms	Thoracic Outlet Syndrome
Bladder Infection/UTI	Emphysema	Lyme Disease	Shingles
Bursitis	Headaches	Joint Dislocation	Thyroid Conditions
Carpal Tunnel Syndrome	Herniated Disc	Obstructive Sleep Apnea	TMJ Disorder
Cancer	Fibromyalgia	Multiple Sclerosis	Stroke
COVID-19	Insomnia	Osteoarthritis	Tingling/Numbness
Chronic Fatigue Syndrome	High Blood Pressure	Plantar Fasciitis	Unexplained Swelling
Depression	Hepatitis	Open Sores/Wounds	Varicose Veins
Diabetes	Kyphosis/Lordosis	Osteoporosis	Whiplash
	Infectious Skin Condition	Scoliosis	Warts

\*AIDS, Scleroderma, Lupus, etc.

### **Consent for Treatment**

I understand that it is my choice to receive massage therapy. I am aware of the benefits and risks of receiving massage and I hereby give my consent for massage. I understand there is no implied or stated guarantee of success or effectiveness of individual techniques or series of appointments. I acknowledge that massage therapy is not a substitute for medical care, medical examination, or diagnosis by a medical professional. I have stated all medical conditions that I am aware of and will inform my practitioner of any changes in my health status. I agree to inform the provider immediately if I feel any pain or discomfort during the session so my provider can adjust the pressure/stokes to my level of comfort. This consent for treatment is valid from the date of signature indefinitely.

### **Cancellation Policy**

As a courtesy, we ask that you please cancel your scheduled appointment with as much notice as possible. Please see our website at [www.massagetherapyoffredericksburg.com](http://www.massagetherapyoffredericksburg.com) for our full Cancellation Policy. There are no exceptions to our Late Cancellation and No-Show Policy.

ANY sexual overture will immediately cause a discontinuation of services and possible involvement of local authorities.

By completing this form and submitting it to Massage Therapy of Fredericksburg, I hereby accept and agree to Consent for Treatment, Cancellation Policy and Zero Tolerance Policy.