

Naturally Optimal – Massage, & Therapeutic Bodywork Client Intake & Informed Consent Form

MESSAGE GOALS & OBJECTIVES

Have you had a massage before? yes no

Primary goals of Massage & Bodywork Session:

I understand that the massage/bodywork is a science and healing art that uses manual actions to palpate and manipulate soft tissues of the body in order to improve circulation, reduce tension, relieve soft tissue pain, and increase flexibility. I further 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 that I may have. Nothing said by the practitioner in the course of the session should be construed as medical advice. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure may be adjusted to my comfort level. I affirm that I have stated all my known medical conditions, and have answered all questions honestly. I agree to keep the practitioner updated on any changes in my medical profile, and I understand that there shall be no liability on the practitioner's part should I fail to do so. I also 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 liable for payment of the scheduled appointment. I understand that 24-hour cancellation notice is required for any cancellation. I realize I will be charged full price for missed appointments. If I am late for an appointment, I understand that I will receive as much massage/bodywork as will fit into the remaining time. I agree with this statement: yes no.

Typing my name in the signature line qualifies as my legal electronic signature: yes no.

Client/Guardian Signature:

Intake Date:

Practitioner Signature:

Intake Date:

Please mark diagram according to below code: type single letter code into box closest to symptoms

- P** - Pain
- N** - Numbness or Ticklish Area
- X** - Tight Area
- O** - Motion Restriction Area

