

neos zoe

New Life Through Balanced Living

MASSAGE THERAPY CONSENT FORM

I, _____, hereby apply for a series of massage/bodywork sessions (one or more sessions).

I understand that the purpose of this therapy is to help balance and align my body through the use of soft tissue mobilization, neuromuscular re-education and energy balancing techniques, so that relief from tension and stress and greater freedom of movement may be achieved.

I understand that it is necessary for my massage therapist to touch my body during the course of the therapy session (s). I give my massage therapist full privilege and license to work on my body in such a way as to restore and establish balance and alignment, so long as such work is done with respect for my modesty and comfort. If I experience any discomfort during my massage session, I will immediately inform my massage therapist so that the pressure and/or strokes may be adjusted to my comfort level.

I understand that my therapist is a Licensed Massage/Bodywork Therapist and is not a medical doctor, chiropractor or physical therapist and does not diagnose diseases, give medical, chiropractic or physical therapy treatments and that anything said in the course of the session given should not be construed as such. I also understand that my massage therapist recommends that I consult my medical doctor before starting any exercise program and for the diagnoses and treatment of any injury or pain and discomfort of unknown origin.

The services we (Neos Zoe, LLC) provide will not be performed under certain conditions. I affirm I have stated all my known medical conditions and answered all questions to the best of my ability. I agree to keep my massage therapist updated with any changes in my medical profile and understand there should be no liability on the part of the massage therapist 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 certify that I am 18 years of age or older and that I am not pregnant at this time.

Please Print:

Today's Date: _____ Date of Birth: _____

Name: _____ Social Security Number: _____

Signature: _____

Address: _____ Apt/FI/Unit _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

Work Phone: () _____ E-mail Address: _____

In case of emergency, contact: _____

Home Phone: () _____ Cell Phone: () _____

MASSAGE THERAPY QUESTIONNAIRE

1. Describe the reason for this visit: _____

2. Are you currently under a medical doctor's care? _____ If yes, please give the reason for consulting him/her:

3. Should a medical consultation be necessary, may we contact your physician? Yes _____ No _____

Doctor's name: _____

Phone Number: _____

4. Do you have any of the following conditions?

Diabetes

High Blood Pressure

Blood Clots

Cancer

Recent Scar Tissue

Varicose Veins

Inflammation

Recent Operation

Swelling

Arthritis

Osteoporosis

Skin Problems

5. Have you ever had any type of accident? _____ If yes, please describe: _____

6. Do you have any limitations of mobility? _____ If yes, please describe: _____

7. Have you ever received massage/bodywork before? _____ If yes, please describe: _____

8. List any other therapies you are receiving: _____

9. Are you on an exercise program? _____ If yes, please describe: _____

10. How do you manage stress? _____

11. Any additional comments regarding your health:

12. How did you hear about our services? _____

Check specific areas where you experience discomfort:

_____ Head

_____ Arms

_____ Knees

_____ Neck

_____ Hands

_____ Lower Legs

_____ Shoulders

_____ Abdomen

_____ Ankles

_____ Chest

_____ Pelvis

_____ Feet

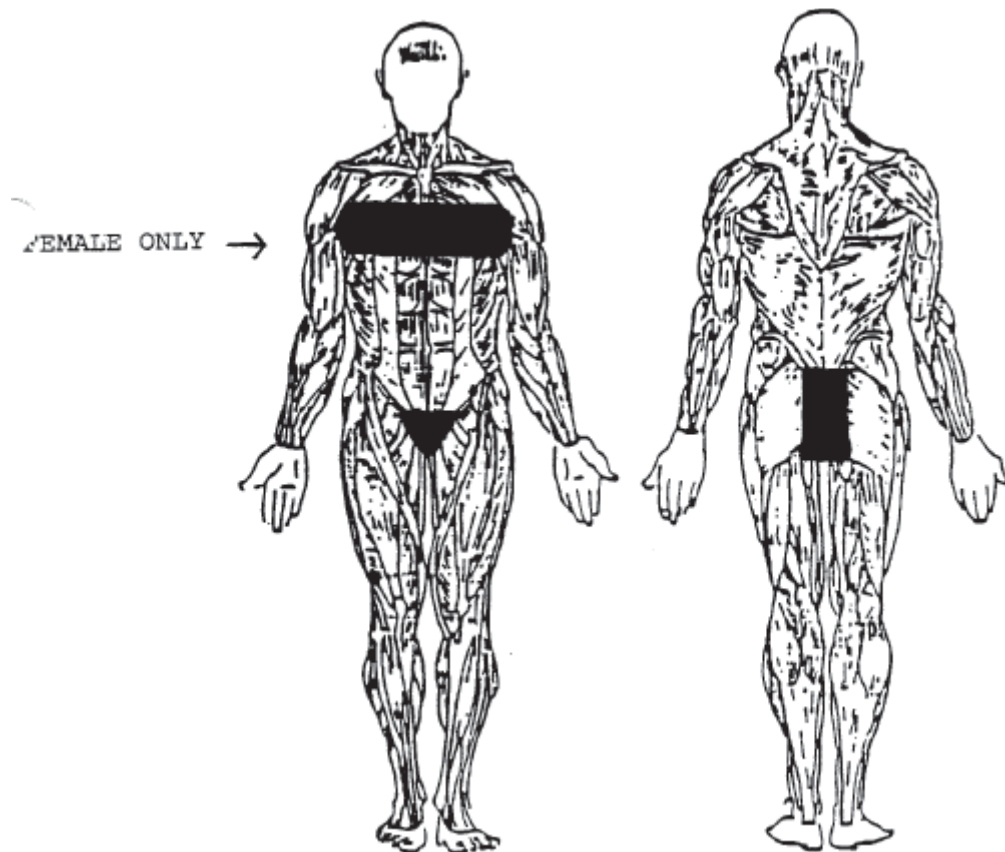
_____ Lower Back

_____ Hips

_____ Middle Back

_____ Thighs

_____ Upper Back



A LICENSED MASSAGE/BODYWORK THERAPIST DOES NOT TOUCH OR EXPOSE THE DARKENED AREAS.