



**Pre-Massage Consent Form:** Please circle any of the following medical conditions/symptoms if you are currently experiencing them.

Complete Restriction	Moderate Restriction	Pregnancy
<ul style="list-style-type: none"> <li>• Uncontrolled Hypertension</li> <li>• Restricted Physical activity by a Physician (Cardiovascular)</li> <li>• Contagious Disease or Skin Condition</li> <li>• Infections</li> <li>• Fever</li> <li>• Undiagnosed Lumps</li> <li>• Lice/Bed bugs</li> <li>• Hepatitis</li> <li>• Blood Clots</li> <li>• MRSA</li> <li>• Cancer Treatment (48 Hours Prior)</li> </ul>	<ul style="list-style-type: none"> <li>• Heart Disease</li> <li>• Kidney/Liver Dysfunction</li> <li>• Broken Bones</li> <li>• Skin Abrasions or Bruises</li> <li>• Spinal Abnormalities, Accidents, Injuries, Surgeries</li> <li>• Varicose Veins</li> <li>• Recent Surgery (within 6 weeks)</li> <li>• Auto Immune Disorders</li> <li>• Diabetes</li> <li>• Osteoporosis</li> <li>• Acute Inflammation</li> <li>• Allergies</li> <li>• Circulatory Problems</li> <li>• Bulging/Slipped/Herniated Discs</li> <li>• Age 65 or older</li> </ul>	<ul style="list-style-type: none"> <li>• First Trimester (Light massage only)</li> <li>• High Risk (Can receive massage with Dr. consent)</li> <li>• Early Labor (Labor stopped by medication prior to 37 weeks)</li> <li>• Placenta Previa</li> <li>• Incompetent Cervix</li> <li>• Pre-Eclampsia</li> <li>• Vaginal Bleeding/Passing Clots or Tissue</li> <li>• Placental Abruption</li> <li>• Threatened Miscarriage (intense abdominal cramping, nausea, lightheaded, shortness of breath)</li> </ul>

Are you currently under the care of a Physician for a medical condition? **Yes** **No** If yes, what for?

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I, \_\_\_\_\_ hereby acknowledge that the Massage/Bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform the practitioner so that the pressure and or strokes may be adjusted to my level of comfort.

I further understand that Massage and Bodywork should not be construed a substitute for medical examination, diagnosis, and 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 nothing said in the course of the session given should be construed as such.

Because massage bodywork should not be performed under certain medical conditions, I affirm that I have honestly stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile, and understand that there should be no liability on the practitioner's part should I fail to do so.

**Release of All Claims:** The undersigned, being of lawful age, does hereby forever release and discharge Mitchell's Salon & Day Spa, Inc., it's employee's and agents, shareholders, successors and assigns for and from any and all liability, claims, demands, damages and causes of action, of any kind, including but not limited to personal injuries, medical expenses, pain and suffering, physical impairment and disability, lost wages and all other damages, whether now known or unknown, resulting from the rendering of service's at Mitchell's Salon & Day Spa Inc.

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

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_