



Massage Intake and Treatment Consent

Client Name _____ Gender M F Other DOB _____

Preferred contact number _____ Email _____

May we leave a message if we do not reach you personally? Y N

General and Medical Information:

Have you ever had a professional massage? Yes No If yes, how often? _____

Are you Pregnant? Yes No If yes, how many weeks? _____

(Inis Spa does not provide massage in the first trimester. A separate consent form is required for all prenatal massages.)

Are you sensitive to pressure/touch anywhere (ticklish) Yes No Describe _____

Are you allergic or sensitive to any oils? Yes No

(These include essential oils, nut oils, and scents)

If yes, please list: _____

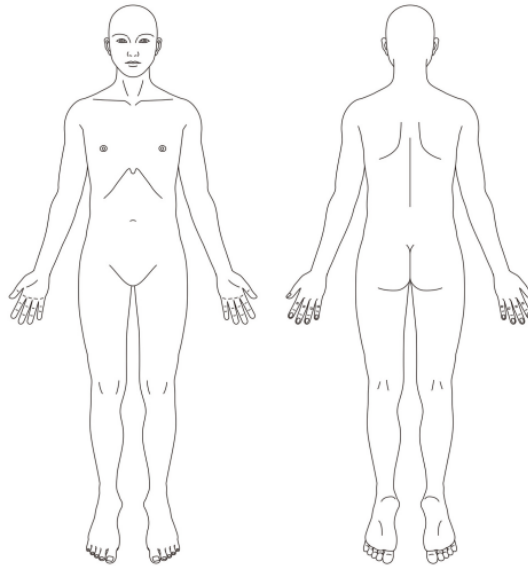
Please list all current medications (including topical medications) and the reason for taking:

Please list any surgeries (type and date) or recent injuries:

Please check all that apply:

- Skin condition, rash, wart, hives, skin cancer, other: _____
- Lymphatic condition, swollen gland, nasal congestion, lymph edema
- Joint problems/stiffness, arthritis, sacroiliac problem, TML, other: _____
- Bone condition, osteoporosis, fracture
- Headaches
- Recent injury or accident, whiplash, sprain, bruise, other: _____
- Circulatory issues, high/low blood pressure, Varicose veins, blood clots
- Numbing/tingling, sciatica
- Tendinitis, bursitis
- Diabetes

Please indicate on the diagram below any areas of pain or tension:



How did your symptoms begin? When did they start? _____

What have you done for relief? _____

Is the condition getting better/worse? _____

On a scale of 1-10, 10 = highest, rate your levels of: Stress: _____ Pain: _____ Energy: _____

Preferred pressure: _____ Light/Mediative _____ Heavy/Invigorating
 _____ Medium/Relaxing _____ Deep/Trigger Point

Treatment Consent

- I do not have any injuries or medical conditions that prevent treatment. I understand the importance of informing the practitioner of all medical conditions and medications that I am taking, and that there may be additional risks based on my physical or mental conditions.
- I must immediately inform the practitioner of any pain or discomfort so that the techniques used can be adjusted to remain within comfort limits. The practitioner is not responsible for any pain or discomfort during or after the treatment.
- I have been allowed to ask questions about the treatment being provided and my questions have been answered.
- I understand that any treatment at Inis Spa is not a substitute for a medical examination or treatment. I should see a physician or other qualified health specialist for any mental or physical ailment I am aware of. I understand that practitioners at Inis Spa do not diagnose illness or disease, and nothing said during treatment should be construed as such.
- I understand that massage therapists are not qualified to perform spinal adjustments.
- Information regarding the treatment being provided in general, benefits, risks, contraindications, and possible alternative therapies have been explained to me.
- My consent is informed and voluntary and I understand that I may withdraw my consent at any time except for actions already taken.
- I understand that this form will remain active for all future appointments. Any changes to the information provided will be recorded by the practitioner. I understand that I may request to fill out a new form at any time.

Understanding all of this, I give my consent to receive care.

Client Signature

Print Name

Date