



Confidential Consultation Document and Health Assessment

Name _____ Birth Date _____
 Address _____
 City _____ State _____ Zip _____
 E-Mail Address _____
 Phone (home) _____ (cell) _____ Mobile Provider _____
 (For appointment reminders, special offers & discounts, email address & phone number is never shared)
 Occupation _____ Emergency contact w/# _____
 How did you hear about us? _____

Massage History / Session Information

Have you received massage therapy before? No ___ Yes ___; how often _____
 What did you like or dislike about your previous massages? _____
 What do you expect to get from this massage? _____

Previous History (Include year and treatment received)

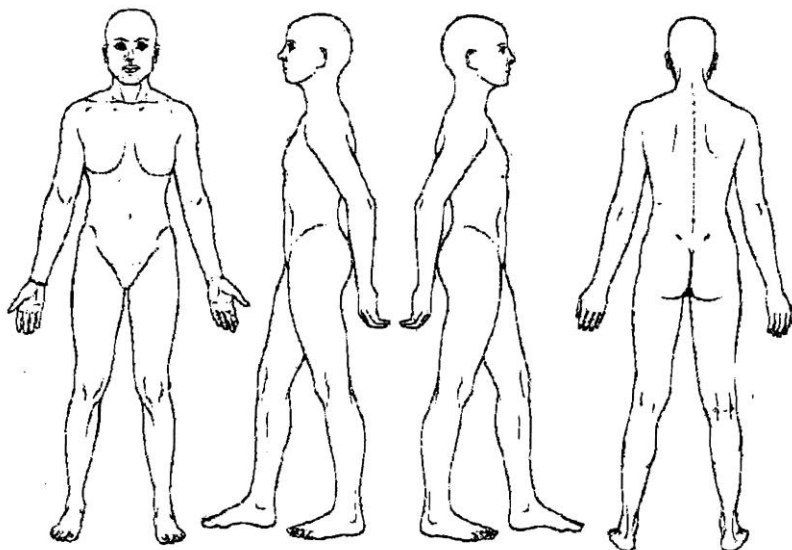
Are you currently under the care of a health practitioner? No ___ Yes ___

<i>Please check all that apply:</i>	✓	<i>Please check all that apply:</i>	✓
Heart Trouble		Rash, skin irritation, skin disorder	
Respiratory problems or disorders		Migraines or headaches	
Diabetes		Dizziness or fainting spells	
Arthritis/ Bursitis/ Rheumatism		Neurological disorders	
Blood clot disorders		Spinal deviations	
Cancer		Osteoporosis or bone disorders	
Fever		High or Low blood pressure	
Any contagious illness		Varicose veins	
Any alcohol in last 2 hours?		Bruises, cuts or open wounds	
Are you or do you suspect you may be pregnant?		Swollen tissue	
Hepatitis		HIV	

Are there and other medical conditions you have that are not listed above? Please explain:

<i>Please list all that apply</i>	
Surgeries and/or accidents; include dates:	
Allergies, especially food allergies:	
Medications:	
Purpose of medications:	
Skin conditions:	

The Texas Administrative Code, Title 25, Part I, Chapter 140, Subchapter H, Rule §140.304 states that this initial consultation document is required and that it must include the following information:	
A statement of the type of massage techniques to be used: Circle those that apply to you:	<i>Swedish, Deep Tissue, Trigger-point Therapy, Sports massage, Stretching, Body-wrap, Steam, Sugar/ Salt exfoliation, Shiradara, Prenatal, Hot-stones, Infant massage, and/or Escalen style massage for relaxation and relief of muscle pain, and/or lymphatic drainage therapy for relief of minor edema, swelling and water retention.</i>
The massage therapist will not perform breast massage on female clients without the written consent of the client.	<i>For lymphatic drainage of sore or swollen breast tissue. If applicable, <u>please discuss with me</u> and sign here:</i> I consent:
Draping will be used during the session, unless otherwise agreed to by both client and therapist.	<i>“Draping” means that your body will be modestly covered by a sheet during the massage. If you do not wish to be covered by a sheet, <u>please discuss with me</u> and sign here:</i> I consent:
A statement that if the client is uncomfortable for any reason, the client may ask the therapist to cease the massage and the therapist will do so.	<i>As therapist, I can also reserve the right to terminate the session in the event of any sort of abusive behavior from the client. If client misbehavior should result in an abbreviated session, the client will be expected to render full payment.</i>
The parts of the client’s body that will be massaged or the areas of the client’s body that will be avoided during the session, including indications and contraindications.	On the chart below, please <ul style="list-style-type: none"> ✓ Place an X on any areas to be avoided and ✓ Place a CIRCLE on any areas that need extra attention. ✓ Place a “t” where you are ticklish.



DISCLAIMER: Massage therapy services are for the primary purpose of relaxation and providing relief from muscular pain and tension. Massage therapy treatments are in no way intended to be a substitute for examination, diagnosis, or treatment by a physician. Our massage therapists are not qualified to diagnose, prescribe, or treat any physical or mental illness and are not qualified to perform spinal or skeletal adjustments. Clients under the age of 17 must be accompanied by a parent or legal guardian during the entire session. Informed written consent must be provided by parent or legal guardian for any client under the age of 17. All information provided is educational in nature and is to be used at your own risk. I release Mineral Bodyworks and its therapists of any liability associated with their therapeutic recommendations:

Signature of client _____

Date _____

Signature of Massage Therapist _____

Date _____