

## Confidential Client Information

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work)

E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

WHERE DID YOU HEAR ABOUT US?: \_\_\_\_\_

HAVE YOU HAD ANY INJURIES: (broken bones, torn ligaments, joint problems, surgeries, car accidents, etc.)? \_\_\_\_\_

DO YOU HAVE ANY MEDICAL PROBLEMS (cancer, blood disorders, osteoporosis, cardiac problems, communicable diseases, skin disorders, etc.)? \_\_\_\_\_

MARK THE APPROPRIATE AREAS OF CONCERN:

Headaches \_\_\_\_\_

Stress \_\_\_\_\_

Neck R L \_\_\_\_\_

Shoulder R L \_\_\_\_\_

Upper Back Pain R L \_\_\_\_\_

Lower Back Pain R L \_\_\_\_\_

Hip R L \_\_\_\_\_

Knee R L \_\_\_\_\_

Foot & Ankle \_\_\_\_\_

Other \_\_\_\_\_

## Massage Therapy Informed Consent

I, the undersigned, understand that the Massage Therapy Session I receive is for the purpose of stress reduction, 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 may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis or treatment. I understand that Massage Therapists do not diagnose conditions, prescribe, perform medical treatment or skeletal adjustments, nor interfere with the treatment of a licensed health care professional for any physical or psychological ailment I may have. Because massage should not be done under certain medical conditions, I affirm that I have stated all my known 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 shall be no liability on the practitioner's part should I forget to do so.

- I understand that my therapist may use a combination of different massage techniques to create the most effective therapy for my body.
- I understand that massage can be applied at various levels of intensity from light, to deep. Although the therapist will check in with me, I acknowledge that it is my responsibility to verbally communicate to the therapist if I need less pressure on any area of my body. Massage is not supposed to cause cringing. If it is too painful, or I am “enduring” rather than enjoying the pressure, I will immediately tell my therapist so they can adjust to my perfect level. Similarly, if I feel disappointed that the pressure is too light, I will speak up and ask my therapist for more intensity.
- I fully understand that Classical Massage Therapy is not intended to be extreme or painful. Rather, it is intended to be highly therapeutic. And therapeutic release can be achieved without the experience of extreme pain.
- I acknowledge that if I request unusually deep pressure, the therapist can only leverage pressure up to the limit of their own upper-body weight. If I do not think this will be firm enough, I will book an appointment for Ashiatsu Massage instead.
- I understand the appointment cancellation policies set by Banyan Tree Healing Center. If I need to cancel my session for any reason, I will do my best to provide 24 hours cancellation notice. If I no-show the appointment with no prior warning, I agree to pay the full cost of the session. When I reserve a session and don’t show up, this prevents Banyan Tree Healing Center from booking anyone else in my place. I understand that when I fail to show up, the therapist will still arrive to meet me for my session. Full payment for the session covers the cost of the therapist’s significant travel and time commitment.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_