

Body and Mind Massage

Katherine Winslow, LMT

Cancellation Policy: Please call for cancellation 24 hours in advance. Payment is expected when cancellation policy is not observed. Emergency is exception. Date _____:

Name: _____ Best Contact number: _____ Birthdate: _____
 Address: _____ City _____ State _____ Zip _____
 Email: _____ Referred by _____
 Emergency Contact _____ Phone No. _____

Occupation: _____ Male ___ Female ___ Physician: _____

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.

When was your last professional massage or bodywork session? _____

Yes	No	
		Do you frequently suffer from stress?
		Do you have diabetes?
		Do you experience frequent headaches?
		Are you pregnant?
		Do you suffer from arthritis?
		Are you wearing contact lenses?
		Are you wearing dentures?
		Do you have high blood pressure?
		If yes to previous question, are you taking medication for this?
		Do you suffer from epilepsy or seizures?
		Do you suffer from joint swelling?
		Do you have varicose veins?
		Do you have any contagious diseases?
		Do you have osteoporosis?
		Do you have any allergies?

Yes	No	
		Do you bruise easily?
		Have you had any broken bones in the past 2 years?
		Have you been in an accident or suffered any injuries in the past 2 years?
		Do you have tension or soreness in a specific area? Please specify: _____
		Do you have cardiac or circulatory problems?
		Do you suffer back pain?
		Do you have numbness or stabbing pains anywhere?
		Are you very sensitive to touch or pressure in any area?
		Have you ever had surgery? Explain below.
		Do you have any other medical condition or are you taking any medication I should know about?
		Comments: _____

- I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension.
- If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure or strokes may be adjusted to my level of comfort.
- I further understand that massage or bodywork should not be construed as a substitute for any mental or physical ailment of which I am aware.
- I understand that massage practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such.
- Because massage should not be performed under certain medical conditions, I affirm that I have 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 shall be no liability on the practitioner's part 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.

Client Signature: _____ Date _____

Consent to Treatment of a Minor: By my signature below, I hereby authorize Katherine Winslow, LMT to administer massage, bodywork or somatic therapy techniques to my child or dependent, _____, as they deem necessary.

Signature of Parent or Guardian: _____ Date _____