Blue Cat Fitness

Massage consent form

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| --- | --- |
| Name: | Date of birth: |
| Address: | Contact phone numbers:Email: |

Please answer the following questions to the best of your knowledge: Yes No

|  |  |  |
| --- | --- | --- |
| Do you have any medical conditions that the therapist should be awear of?If yes please give details below; |  |  |
| Do you suffer from chronic pain? If yes please give details below;(what makes it better? What makes it worse?) |  |  |
| Do you have any injuries our therapist needs to be awear of?If yes please give details below; |  |  |
| Are you having treatment from a physiotherapist, chiropractor, osteopath etc? If yes please give details; |  |  |
| What are you hoping to achieve from your massage(s)? | - | - |
| Is there any other information our massage therapist needs to know to give a safe and effective massage? For example allergies  | - | - |

\*I understand it is my responsibility to inform the massage therapist if any of the above information changes.

\*I understand that if I am unwell for example show any covid-19 symptoms I will reschedule my appointment.

\*I will follow any health and safety guidelines set out by my therapist.

\*I understand my massage therapist can not diagnose illnesses or injuries.

\*I have clearance from my medical professional (doctor, physiotherapist etc) to receive a massage treatment.

\*I understand it is my responsibility to inform my therapist of any discomfort I may feel during the treatment so she can adjust accordingly.

\*I understand the risks associated with massage treatments include but are not limited to superficial bruising, short term muscle soreness, exacerbation of undiscovered injuries and I therefore release my massage therapist from all liability concerning these injuries that may occur during my session.

\*I give permission to receive a massage treatment.

Name (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_/\_\_/\_\_\_\_\_

Thank you, enjoy your massage.