Medical History and Treatment Consent

Client Name:_____Date:_____

Email:_____ _____ DOB:_____

Address: _____

Phone:_____ Preferred contact method: **Phone** **Text** **Email**

Occupation:_____ May I send you occasional special offers via mail/email? **Yes** or **No**

What are your preferred personal pronouns? She / Her / He / Him / They / Them Other:_____

Emergency Contact: _____

Relation: _____ Phone:_____

Have you received massage before? **Yes** or **No**. What depth of pressure do you prefer? **Light** **Medium** **Firm**

Are there any areas you'd like to focus on?_____._____

Are there any areas you **DO NOT** want touched (scalp, face, glutes, etc.)? _____

What are your goals/expected outcomes for this session? _____

Please list any recent Surgeries/Accidents/ Major Illnesses: _____

_____

Do you have any of these conditions that may impact our session? Please answer honestly, as massage may be contraindicated for these conditions. :

fever **infection** **contagious disease** **blood clots** **congestive heart failure** **pitting edema**

Check all that apply:

- ○ Muscle/Joint Stiffness & Pain
- ○ Headaches/Migraines
- ○ Open cuts/sores/lesions
- ○ Skin Sensitivities
- ○ Bruises
- ○ Allergies (please list):
  _____
  _____
- ○ Arthritis
- ○ Spinal/Disc Problems
- ○ Tendonitis, Bursitis
- ○ Fibromyalgia
- ○ Neurological Problems
- ○ Depression/Anxiety
- ○ Lymphedema
- ○ Asthma
- ○ Thyroid/Endocrine Dysfunction
- ○ Sciatica
- ○ Diabetes
- ○ Cancer
- ○ Cardiovascular Problems
- ○ Varicose Veins
- ○ Pacemaker
- ○ Blood Pressure Problems
- ○ Autoimmune Disease
- ○ HIV/AIDS
- ○ Hepatitis
- ○ Aversion to Smells
- ○ Aversion to Heat/Cold

Are you under the influence of drugs and/or alcohol?

Yes ☐ No ☐

Are you pregnant?

Yes ☐ No ☐

If Yes, How many weeks?_____

Other Conditions: _____

Thank you for taking the time to fill out this questionnaire! This information helps me to tailor your session to your needs and ensure that you have the best experience possible.

_____

_____

_____

_____

Consent for Treatment

If I experience **any pain or discomfort during this session, I will immediately inform the licensed massage therapist (LMT) so that the pressure and/or manipulations may be adjusted** to my level of comfort. I further understand that massage/bodywork should **not be construed as a substitute for medical examination, diagnosis, or treatment** and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical aliment of which I am aware. I understand that **LMTs 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 should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have **stated all known medical conditions** and **answered all questions honestly**. I agree **to keep the LMT updated** as to any changes in my medical profile and understand that there shall be no liability on the part of the LMT *s*hould 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 all future sessions, and I will be liable for payment of the scheduled appointment***. Understanding all of this, I give my consent to receive care.

Print Name: _____ Date: _____

Signature: _____

LMT Signature:_____

Privacy Policy

Emily Marie Miller, LMT of *Massage Therapy by Emily Miller, LLC (DBA Little Moon Massage Therapy & Doula Services)* will keep client communication and information confidential and will not share client information without the client's written consent, within the limits of the law. *Massage Therapy by Emily Miller, LLC* will ensure every effort is made to respect the client's right to privacy and provide an environment where personal health-related details cannot be overheard or seen by others.

Cancellation Policy

Because your appointment time is reserved exclusively for you, at least 4 hours notice of cancellation is required or the full charge of the session applies. Exceptions will be made for emergencies at the LMT's discretion.