

Massage Therapy Client Consent Form

Personal Information

Full Name

Date of Birth

Phone Number

Email Address

Address

Medical Information

Are you currently under medical care?

List any medical conditions or injuries

List any medications you are currently taking

Allergies

Are you pregnant?

Consent

☐

I understand and agree to receive massage therapy treatment.

☐

I will inform my therapist of any changes to my health conditions.

☐

I release the therapist from liability for any injury or illness incurred as a result of massage, except in the case of gross negligence or misconduct.

Date

Signature
