EST. 2016
BEAUTY BAR
salon + spa
ERIE · PA

MASSAGE CONSENT FORM

NAME _____

ADDRESS _____

PHONE # _____

EMAIL _____

DATE OF BIRTH _____

PCP NAME + PHONE # _____

PREVIOUS EXPERIENCE WITH MASSAGE _____

_____

PRIMARY REASON FOR MASSAGE _____

_____

EMERGENCY CONTACT NAME + PHONE # _____

Please mark (X) all conditions that apply. (P) for past conditions. (F) for family history of illness.

___ headaches, migraines
___ chronic pain
___ fatigue
___ vision problems, contact lenses
___ Muscle or joint pain
___ tension, stress
___ hearing problems, deafness
___ muscle, bone injuries
___ depression
___ injuries to face or head
___ numbness or tingling
___ sleep difficulties
___ sinus problems
___ sprains, strains
___ allergies, sensitivities
___ dental bridges, braces
___ arthritis, tendonitis
___ rashes, athletes foot
___ jaw pain, TMJ problems
___ cancer, tumors
___ infectious diseases
___ asthma or lung conditions
___ spinal column disorders
___ blood clots
___ constipation, diarrhea
___ diabetes
___ varicose veins
___ hernia
___ pregnancy
___ high/low blood pressure
___ birth control, IUD
___ heart, circulatory problems
___ abdominal or digestive problems
___ other medical conditions not listed

Explain any areas noted above: _____

_____

_____

Continue to other side →

Current medications including aspirin, ibuprofen, herbs, supplements, etc.:

Surgeries:

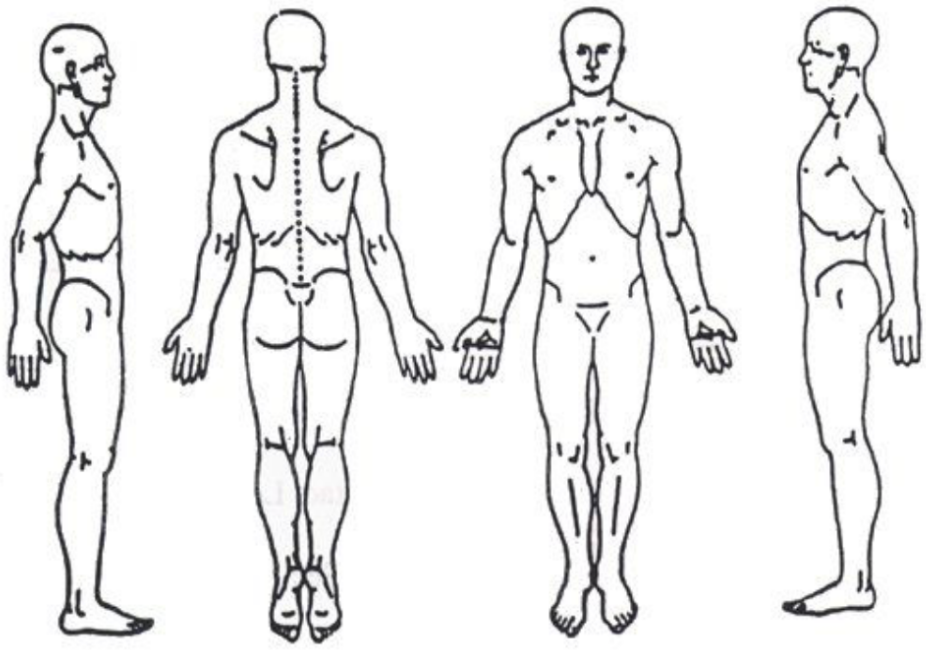
Accidents:

Please list all forms and frequency of stress reduction activities, hobbies, exercise or sports participation:

ARE YOU OK WITH THE FOLLOWING AREAS TO BE MASSAGED?

☐ **Face** ☐ **Scalp** ☐ **Abs** ☐ **Glutes** ☐ **Feet**

Please mark areas of discomfort



INFORMED CONSENT FOR MASSAGE THERAPY

I hereby request and consent to the performance of massage therapy by the therapist named below or other therapists at Beauty Bar by Michelle and Andrea, LLC. Massage in general provides benefits of stress reduction, relief from muscular tension, spasm, or pain, and it increases circulation and energy flow.

I understand that massage therapists do not diagnose illness or disease, perform any spinal manipulations, nor do they prescribe any medical treatments. I am aware that therapeutic massage is not a substitute for medical examination and I will seek health care for those services. I accept that massage promises no long-term results nor will it cure my health problems. The therapist must be aware of all health conditions due to certain contraindications or cautions for massage. I have disclosed all such conditions.
I will also update any changes to my health in future sessions.

If at any time during the massage the client or therapist is uncomfortable for any reason, they shall immediately say so.

Sexual advances of any kind will not be tolerated.

All information will be kept strictly confidential and will remain with Beauty Bar by Michelle and Andrea, LLC. I have read and agree with above information. If I have any questions or concerns, I will let the therapist know right away.

I have read and completely understand this consent form.
I agree to the above waivers of liability.

PRINT NAME: _____ DATE: _____

SIGNATURE: _____

THERAPIST NAME: _____ DATE: _____