SOUTH PIEDMONT COMMUNITY COLLEGE

Massage Intake Form

First Name: _____ Last Name: _____

Birthdate: _____ Contact Number: _____

Emergency Contact Name & Number: _____

Check all that apply:

- ☐ Knee problems/difficult to kneel
- ☐ Pregnant
- ☐ Cold/flu/infectious disease
- ☐ Seizures/epilepsy
- ☐ Diabetes
- ☐ Bruise easily
- ☐ Varicose veins
- ☐ DVT/blood clots
- ☐ Skin condition/rash/open cuts
- ☐ High blood pressure
- ☐ Low blood pressure
- ☐ Cancer/radiation/chemotherapy
- ☐ Lymph nodes removed
- ☐ Surgery in the last 8 weeks
- ☐ Neuropathy
- ☐ Neck/spine injury/problems
- ☐ Implanted medical devices
- ☐ Fragile bones/osteoporosis
- ☐ Chronic pain condition
- ☐ Arthritis
- ☐ Tendonitis
- ☐ Heart condition
- ☐ Fibromayalgia
- ☐ Headaches/migraines
- ☐ Other:_____
- ☐ Allergies:_____

Please list current medications:_____

_____

I understand this will be either a seated, fully clothed massage, or a table massage requiring removal of clothing above the waist. I understand that, according to state law, the proper draping techniques will be applied and only the back will be exposed for massage purposes. I understand the benefits and risks of massage and give my consent for treatment. It is also understood that a student in the Therapeutic Massage Program will be giving me my massage. I have stated all my known medical conditions. I understand that the purpose of this massage is to reduce stress and increase relaxation. I will immediately inform the student/instructor massage therapist if I am uncomfortable with the pressure or stroke so it 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 consult a physician, chiropractor or other qualified medical specialist for any mental or physical ailment I am experiencing.

_____ _____

Client Signature Date

CONTINUED:

Minor Informed Consent:

I hereby give permission to the SPCC Therapeutic Massage Program Student/Instructor to provide my minor child/person under my guardianship with a Therapeutic Massage session.

- ❒ I give my consent for my child to receive a fully clothed chair massage.
- ❒ I give my consent for my child to receive and/or view a table massage, requiring the removal of clothing above the waist, and being properly draped.

I understand that all statements contained in the consent apply equally to myself and to the minor. By my signature, my child/charge has my permission to appear for a massage session without me present.

_____ _____

Parent/Guardian Signature Date

Please mail form no later than May 27, 2016, directly to:

Kay Hess, Administrative Assistant
Allied Health and Nursing
South Piedmont Community College
P.O. Box 5041
Monroe, NC 28111