

Massage Therapy New Client Packet

Agreement of Expectations
Medical History and Client Intake
Waiver

Agreement of Expectations for Massage Therapy

BENEFITS: In general, massage provides benefits of stress reduction, relief from muscular tension, spasm or pain, and increases circulation.

RISKS: The immediate physical risks include (but are not limited to) some bodily discomfort, muscular tenderness and reddening of the skin, as well other normal bodily responses associated with touch therapy.

CONFIDENTIALITY AND RELEASE OF INFORMATION: All personal information obtained during my participation in massage is confidential and will not be released to any person without prior written consent.

I have read and fully understand the following statements:

- ☐ If cancellation is necessary, a 24-hour notice is common courtesy. If the proper notice is not given, a reimbursement will not be fulfilled.
- ☐ If I am late to a massage, the session will only last until the end of the time for which that session was scheduled.
- ☐ Recreational Sports does not bill insurance companies directly. A receipt and other applicable documents can be provided to me for reimbursement purposes.
- ☐ I understand that I need to maintain an appropriate level of personal hygiene in order to participate in a massage therapy session.
- ☐ If I am not feeling well, I will cancel or reschedule my appointment.
- ☐ I understand this is not a sexual massage, nor will any sexual advances or comments be tolerated, either from the massage practitioner or the client.
- ☐ I understand that Massage Therapists do not work within the scope of licensed medical professionals, and therefore, do not diagnose, prescribe or provide treatment for any specific condition.
- ☐ The general benefits of massage, and any cautions or contraindications have been explained to me. I accept that a single massage session or massage used on a random basis is limited to providing general, non-specific benefits.
- ☐ Due to certain contraindications and cautions for massage, the practitioner must be aware of existing physical conditions. I have disclosed all such conditions.
- ☐ If I choose to use massage on a regular basis I realize it is my responsibility to update the therapist regarding any changes in my health status each time I receive a massage.
- ☐ I am at least 18 years of age, and either a student, DRS member or employee of Purdue University.

Signature

Date

Printed Name



MASSAGE THERAPY MEDICAL HISTORY FORM

Client Name: _____ Date: _____

Home Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ (Day) _____ (Evening)

Date of birth: _____

Occupation: _____ Employer: _____

Referred by: _____

Health Care Provider: _____ Phone: _____

Emergency Contact Name & Number: _____

Previous experience with massage: _____

Primary reason for appointment/areas of pain and/or tension:

Please mark **(X)** for all conditions that apply now. Mark **(P)** for any past conditions:

- | | | |
|---|--|--|
| <input type="checkbox"/> headaches, migraine | <input type="checkbox"/> chronic pain | <input type="checkbox"/> fatigue |
| <input type="checkbox"/> vision problems, contact lenses | <input type="checkbox"/> muscle or joint pain | <input type="checkbox"/> tension or stress |
| <input type="checkbox"/> hearing problems, deafness | <input type="checkbox"/> fibromyalgia | <input type="checkbox"/> depression |
| <input type="checkbox"/> injuries to face or head | <input type="checkbox"/> carpal tunnel | <input type="checkbox"/> sleep difficulties |
| <input type="checkbox"/> sinus problems | <input type="checkbox"/> numbness or tingling | <input type="checkbox"/> rashes or athlete's foot |
| <input type="checkbox"/> dental bridges, braces | <input type="checkbox"/> muscle sprains or strains | <input type="checkbox"/> any known infectious disease |
| <input type="checkbox"/> jaw pain, TMJ problems | <input type="checkbox"/> abdominal/digestive problems | <input type="checkbox"/> problems with blood clots |
| <input type="checkbox"/> asthma or lung problems | <input type="checkbox"/> arthritis, tendonitis, bursitis | <input type="checkbox"/> heart or circulatory problems |
| <input type="checkbox"/> allergies or other sensitivities | <input type="checkbox"/> spinal problems or disorders | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> constipation or diarrhea | <input type="checkbox"/> pregnancy | <input type="checkbox"/> high or low blood pressure |
| <input type="checkbox"/> hernia | <input type="checkbox"/> birth control/IUD | <input type="checkbox"/> cancer, tumors or growths |
| <input type="checkbox"/> other medical conditions not listed: _____ | | |

Explain any areas noted above: _____

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

Smoking status: ☐ Never Smoked ☐ Used to Smoke ☐ Currently Smoke*

*Packs per day (amount): _____ *Number of years smoked: _____

If you quit smoking, what year did you quit: _____

Do you currently use cigars, pipes or smokeless tobacco products (i.e., chew, snuff)? ☐ NO ☐ YES

List all surgeries: _____

List all accidents: _____

List all forms and frequency of stress reduction activities, hobbies, and leisure activities:

List all forms and frequency of physical activity, exercise and sports participation:

The above stated information is true and accurate to the best of your knowledge.

Client Signature: _____ Date: _____

Practitioner Signature: _____ Date: _____

**Waiver, Release and Hold Harmless Agreement
Massage Therapy**

I, _____, the undersigned, affirm that I am participating voluntarily in
Print Name Massage Therapy.

I represent covenant and agree, on behalf of myself and my heirs, assigns, and any other person claiming by, under, or through me, as follows:

I acknowledge that participating in the above noted activity involves certain risks (some of which I may not fully appreciate) and that injuries, death, property damage or other harm could occur to me or others. I accept and voluntarily incur all risks of any injuries, damages, or harm which arise during or result from my participation in the activity, regardless of whether or not caused in whole or in part by the negligence or other fault of Purdue University, The Trustees of Purdue University, and/or its or their departments, trustees, affiliates, employees, officers, agents or insurers ("Released Parties"). The Division of Recreational Sports strongly recommends that each participant have an annual physical examination and carry personal health and accident insurance.

I waive all claims against any of the Released Parties for any injuries, damages, losses or claims, whether known or unknown, which arise during or result from my participation and travel that may be associated with the activity, regardless of whether or not caused in whole or in part by the negligence or other fault of any of the Released Parties. I release and forever discharge the Released Parties from all such claims.

I agree to indemnify and hold the Released Parties harmless from all losses, liabilities, damages, costs or expenses (including but not limited to reasonable attorneys' fees and other litigation costs and expenses) incurred by any of the Released Parties as a result of any claims or suits that I (or anyone claiming by, under or through me) may bring against any of the Released Parties to recover any losses, liabilities, costs, damages, or expenses which arise during or result from my participation in the activity, regardless of whether or not caused in whole or in part by the negligence or other fault of any of the Released Parties.

I have carefully read and reviewed this Waiver, Release And Hold Harmless Agreement. I understand it fully and I execute it voluntarily.

EXECUTED this _____ day of _____, 20_____.

Signature

Printed Name