

Please take a few minutes to complete the following client information sheet agreement and release of liability. Please bring this form with you on your first visit.



Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Have you received a professional massage before? Please circle your answer. Yes / No  
 If there are any areas of your body that you do not want massaged, please indicate here:

The form is intended only as an assessment tool that is routinely used in the massage profession and serves as a guide for application of massage. Please circle any condition(s) that you have now or have experienced in the past.

- |                                  |                             |   |
|----------------------------------|-----------------------------|---|
| Anemia                           | Emphysema                   | Phlebitis                               |
| Asthma                           | Fibromyalgia                | Pregnant (current)                      |
| Bladder infection                | Fungal infections           | Psoriasis                               |
| Boils                            | Gallstones                  | Rashes                                  |
| Brain injury                     | Headaches                   | Reduced sensation                       |
| Breast Cancer                    | Heart disease/condition     | Reflux                                  |
| Broken or fractured bones        | High Blood Pressure         | Rheumatoid Arthritis                    |
| Bruise easily                    | Hodgkin's disease           | Scars                                   |
| Burns                            | Hypo/Hyperthyroidism        | Seizure disorder                        |
| Bursitis                         | Insomnia                    | Sinus problems                          |
| Cancer                           | Irritable Bowel Syndrome    | Skin allergies                          |
| Carpal tunnel syndrome           | Leukemia/lymphoma           | Skin Cancer                             |
| Chronic Fatigue Syndrome         | Loss of motion or mobility  | Spinal cord injury                      |
| Cirrhosis                        | Low Blood Pressure          | Strains, sprains, tendonitis            |
| Clotting disorders               | Lupus                       | Stroke                                  |
| Cold/flu/fever (Currently)       | Multiple Sclerosis          | Thoracic outlet syndrome                |
| Cramping, spasms, soreness       | Numbness/tingling           | TMJ dysfunction                         |
| Diabetes                         | Osteoarthritis              | Unable to comfortably lie on both sides |
| Difficulty with prolonged stance | Ovarian cysts               | Varicose Veins                          |
| Eczema                           | Pelvic Inflammatory Disease |   |
| Edema                            | Persistent pain             |   |

Medications Currently Being Taken:

Additional Notes:

Please take a few minutes to complete the following client evaluation sheet. Please bring this form with you on your first visit.



**Agreement and Release of Liability**

It is your responsibility to inform the therapist of any pre-existing conditions, limitations or specific sensitivities or anything that may be relevant to your session. You must inform your therapist if at any time during the session you feel discomfort or unease. You should also ask your therapist to adjust the level of pressure or activity if you feel it is warranted or if you feel discomfort or unease. You understand that massage therapy does not diagnose illness or disease or any other disorder and is not a substitute for medical examinations or medical care. You understand and voluntarily accept any risks relating to your session and have been allowed the opportunity to ask any questions you have, including those relating to the inherent risks associated with your session. You hereby release and hold harmless Urban Decompression (including its employees, owners, managers, members, affiliates, practitioners, contractors, agents and insurers) from any and all liability for any injury or harm, including without limitation, personal, bodily or mental injury, economic loss, or damage resulting from your session (including, without limitation, your failure to disclose any pre-existing condition, limitation or specific sensitivities or the failure to inform your therapist or instructor of any discomfort during the session, as well as any and all other liabilities that may legally be released). Your therapist may determine that it is unsafe to proceed with or continue any session due to health-related concerns. In this event, you may be required to provide us with a physician's medical release prior to continuing any future sessions. I understand that this agreement and release of liability applies to this and any and all future sessions or dealings that I may have with Urban Decompression.

Signature:

Name:

Date:

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