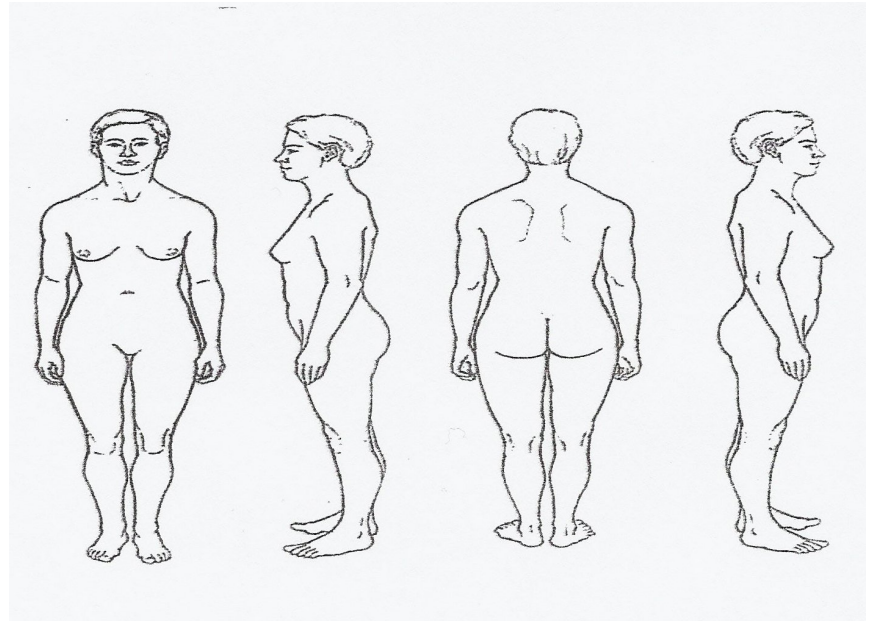




### Massage Form

The parts of the body that will be worked or the areas of the body that will be avoided are to be marked on the diagram on the right. Circled are the areas of the body that need the most attention, and an "X" are over the areas that are to be avoided.



Contraindications are listed below:

#### INFORMATION AND SUGGESTIONS

- Prior to your massage, please remove all jewelry. Pull long hair back with clip.
- As a rule, massage is given while you are unclothed. Modesty and comfort levels vary from person to person. You may choose to wear undergarments or swim suit or nothing at all. This is YOUR massage and you should feel as comfortable as possible.
- Feel free to ask you massage therapist any questions about the procedure. Your massage therapist is highly trained professional and will be happy to make you feel well informed and comfortable.
- Massage is indicated for stress reduction, relief from muscle tension or spasm and to increase the flow of circulation.

#### PLEASE INITIAL THE FOLLOWING STATEMENTS

Initials

1. I am aware that draping will be used during the spa treatment, unless otherwise agreed to by me and my massage therapist. \_\_\_\_\_

\_\_\_\_\_ I prefer draping over my body

\_\_\_\_\_ I prefer no draping over my body

2. I understand that my massage therapist will not massage my breasts without my written consent. \_\_\_\_\_  
Give / Do not give consent for breast massage

3. I understand that my feedback is an essential element in my treatment; therefore for any reason \_\_\_\_\_ should I become uncomfortable, I may bring it to my massage therapists attention and request that the session end.

#### PLEASE READ THE FOLLOWING AND THEN SIGN BELOW

It is my choice to receive massage therapy, and I give my consent to receive treatment. I have reported all health conditions that I am aware of and will inform my practitioner of any changes in my health. I acknowledge that massage therapy is not a substitute for medical diagnosis and treatment.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Massage Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_