

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency Contact Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Date of Initial Visit: \_\_\_\_\_ Email (optional): \_\_\_\_\_  
Home Address: \_\_\_\_\_

*The following confidential information will be used to help plan safe and effective massage sessions.  
Please answer the questions to the best of your knowledge.*

1. Have you had a professional massage before? Yes No  
If yes, how often do you receive massage therapy? \_\_\_\_\_
2. Do you have any difficulty lying on your front, back, or side? Yes No  
If yes, please explain: \_\_\_\_\_
3. Do you have any allergies to oils, lotions, or ointments? Yes No  
If yes, please explain: \_\_\_\_\_
4. Are you wearing: Contact Lenses ( ) Dentures ( ) Hearing Aid ( )?
5. Is there a particular area of the body where you are experiencing chronic tension, stiffness, pain or other discomfort? If yes, please identify: \_\_\_\_\_  
\_\_\_\_\_

## MEDICAL HISTORY

*In order to plan a massage session that is safe and effective, I need some general information about your medical history.*

6. Are you currently under medical supervision? Yes No  
If yes, please explain if it is relevant: \_\_\_\_\_  
\_\_\_\_\_
7. Do you see a chiropractor? Yes No If yes, how often? \_\_\_\_\_
8. Are you currently taking any medication? Yes No  
If yes, please list \_\_\_\_\_  
\_\_\_\_\_
9. Please check any condition listed below that applies to you:

<input type="checkbox"/> contagious skin condition	<input type="checkbox"/> phlebitis
<input type="checkbox"/> open sores or wounds	<input type="checkbox"/> deep vein thrombosis/blood clots
<input type="checkbox"/> easy bruising	<input type="checkbox"/> joint disorder/rheumatoid arthritis/osteoarthritis/tendonitis
<input type="checkbox"/> recent accident or injury	<input type="checkbox"/> osteoporosis
<input type="checkbox"/> recent fracture	<input type="checkbox"/> epilepsy
<input type="checkbox"/> recent surgery	<input type="checkbox"/> headaches/migraines
<input type="checkbox"/> artificial joint	<input type="checkbox"/> cancer
<input type="checkbox"/> sprains/strains	<input type="checkbox"/> diabetes
<input type="checkbox"/> swollen glands	<input type="checkbox"/> decreased sensation
<input type="checkbox"/> allergies/sensitivity	<input type="checkbox"/> back/neck problems
<input type="checkbox"/> heart condition	<input type="checkbox"/> Fibromyalgia
<input type="checkbox"/> high or low blood pressure	<input type="checkbox"/> TMJ
<input type="checkbox"/> circulatory disorder	<input type="checkbox"/> carpal tunnel syndrome
<input type="checkbox"/> varicose veins	<input type="checkbox"/> tennis or golfer's elbow
<input type="checkbox"/> atherosclerosis	<input type="checkbox"/> autoimmune disorders including HIV/AIDS

Please explain any condition that you have marked: \_\_\_\_\_  
\_\_\_\_\_

10. Is there anything else about your health history that you think would be useful for your massage practitioner to know?  
\_\_\_\_\_  
\_\_\_\_\_

## ABOUT DRAPING

Draping will be employed throughout the session and in accordance with Utah law which states that a massage therapist must “use appropriate draping to protect the client’s physical privacy and DRAPING is defined as the covering of a client with an opaque material that is sufficiently large to protect their personal privacy. The genitals of any patron and the breasts of a female patron must be covered at all times, except as outlined in 58-47b-501-b. When clients remain dressed as in seated chair massage, sports massage in sporting attire, and limited area spot massage, draping is not required” (Utah Massage Therapy Code of Ethics and Standards of Practice, Standard 1k, p. 1).

## MINORS

A parent or legal guardian must accompany clients under the age of 18 during the entire session. Parent or legal guardian for any client under the age of 18 provides informed written consent by signing below.

## LATE START

- I understand that if I arrive late, my session will end at the originally scheduled time so that the massage therapist can stay on schedule.
- I understand that if the massage therapist starts a session late, she will make it up to me at the end of my session when possible and, if not, my fee will be reduced accordingly.

## CANCELLATION POLICY

I agree to give a minimum of 48 hours notice to cancel a scheduled session so that the massage therapist does not lose potential business due to my cancellation. I understand that if I cancel within:

- 48 hours or more: There is no charge for my missed session.
- Less than 48 hours
- Without Reschedule: I will be charged 100% of the session price if I do NOT reschedule an appointment that occurs within seven days of my originally scheduled appointment.
- With Reschedule: There is no charge for the missed session if I reschedule an appointment that occurs within seven days of my originally scheduled appointment.
- Less than 24 hours
- Without Reschedule: I will be charged 100% of the session price if I do NOT reschedule an appointment to occur within seven days of my originally scheduled appointment.
- With Reschedule: I will be charged 50% of the session price if I reschedule an appointment within seven days of my missed appointment.
- No Show: I will be charged 100% of the session price.
- No Show: I will be charged 100% of the session price.

## DIAGNOSIS POLICY

I understand that a massage therapist cannot diagnose illness, disease, or any other medical, physical or emotional disorder nor perform any spinal manipulations. I am responsible for consulting a qualifying medical practitioner for any ailments I may have.

**CONFIDENTIALITY**

The client-therapist relationship is treated with the same confidentiality as in any other field of health care. Client notes are treated confidentially and can be shared with other health care providers only with the client’s written permission. In addition, all aspects of conversation are protected by confidentiality except where indicated by Utah law.

**SESSION TERMINATION**

I understand that massage therapy is a therapeutic health aid, is non-sexual and that a session can be terminated at any time due to inappropriate behavior or language. I understand that in the event that a session is terminated, I am responsible for paying the full amount of the scheduled treatment.

**REGARDING EMOTIONAL RELEASE**

At times a client may experience a surge or release of emotion during a session (e.g., crying, laughter, sadness, anger, etc.). This is normal. Should this be the case, the client may pause or stop the session as needed. Also considered normal is falling asleep, snoring, gurgling of the stomach, appearance of memories or images, and/or muscle twitching.

**SESSION LENGTH**

A 60/90/120 minute session is 60/90/120 minutes of actual bodywork. Fifteen extra minutes are scheduled into the appointment to allow for consultation prior to the session, getting disrobed and onto the table, getting dressed afterward and making payment. More than ten minutes of initial consultation reduces the amount of actual massage time.

**CHILD POLICY**

Children are not allowed in the waiting room or treatment room during a session. If I bring a child with me, I understand that I will be asked to reschedule and a late cancellation fee will apply.

**ILLNESS OR CONTAGIOUS DISEASE**

I understand that if I am sick or otherwise contagious, receiving bodywork is not in the best interest of my health and poses a risk to the health of the massage therapist as well. I will be asked to reschedule an appointment if I arrive without informing the therapist that I am sick and a late cancellation fee will apply.

**PERSONAL DISCLOSURE**

Because bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly and will inform the massage therapist of any relevant change in my health. I agree to waive all claims and to release and hold harmless Salt City Bodyworks from any liability whatsoever arising from or related to failure to do so on my part.

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

Signature of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_