



# Tea Massage

## Ongoing Client

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Date of Birth (dd/mm/yy) \_\_\_\_\_

Occupation \_\_\_\_\_

Emergency Contact/Relationship \_\_\_\_\_ Contact Phone \_\_\_\_\_

Any changes to your health since your last visit?  Y  N

When was your last massage? \_\_\_\_\_

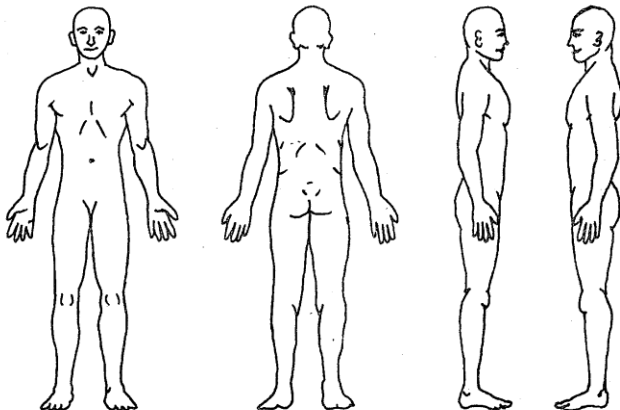
What are your goals for today's treatment? \_\_\_\_\_

Are you sensitive to touch or pressure in area? \_\_\_\_\_

Please indicate areas you are experiencing pain/discomfort on chart:

upper back	mid back	low back	head	face/jaw	neck	shoulders	arms
wrists	hands	buttocks	hips	upper leg	ankles	feet	

Please indicate areas you are experiencing pain/discomfort on the diagram below:



Please provide a detailed explanation of the pain you are experiencing in each area \_\_\_\_\_

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Are you experiencing any of the following today?

Sunburn                      Inflammation                      Sever Pain                      Headache

Open cuts, bruises, burns                      Rash/Irritated Skin                      Cold/Flu/Fever

Nail or foot fungus

Is there anything else about your health history that you think would be important for your massage therapist to know in order to plan a safe and effective massage for you? \_\_\_\_\_

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I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. I understand that the massage I receive is based on the information provided to the massage therapist by me. If I experience any pain or discomfort during the session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment. I understand that licensed massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the massage therapist updated as to any changes in my medical profile during today's and all future sessions, and understand that there shall be no liability on the massage therapist's part should I fail to do so. I further understand that there are some very slight risks associated with massage therapy sessions. These risks may include, but are not limited to, bruising and muscle soreness. I understand that all children under the age of 17 will be accompanied by an adult. Tea Massage is dedicated to providing a safe and comfortable environment for massage. Please be advised that you will be draped at all times during the massage. Upon the occurrence of any illicit or sexually suggestive behavior the massage will be immediately terminated, and there will be no refund.

I also understand that the License Massage Therapist reserves the right to refuse to perform massage on anyone whom she/he deems to have a condition for which massage is contraindicated. I agree to keep my massage therapist updated on any changes in my medical profile and understand that there is no liability on the part of the therapist should I neglect to do so.

I have read and understand the above guidelines and agree to abide by them.

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

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Practitioner

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

*Consent to treatment of Minor:* By my signature below, I hereby authorize **Tahirih Klass** to administer massage, or bodywork techniques to my child or dependent as they deem necessary.

Signature of Parent/Guardian:

\_\_\_\_\_ Date \_\_\_\_\_