



BALANCED RECOVERY MASSAGE
Christopher Furer, CMT

Form fields for personal information: FIRST NAME, LAST NAME, ADDRESS, CITY, STATE, ZIP CODE, PHONE (home), (Cell), EMAIL, WHAT IS THE BEST WAY TO CONTACT YOU?, BIRTHDAY, OCCUPATION, HOW DID YOU HEAR ABOUT ME?, BRIEF REASON FOR YOUR VISIT TODAY:

If you answer "yes" to any of the following questions, please explain as clearly as possible

Health screening questions: Do you frequently suffer from stress? Do you have diabetes? Do you experience frequent headaches? Are you pregnant? Do you suffer from arthritis? Are you wearing contact lenses? Do you have high blood pressure? Are you taking high blood pressure medication? Do you suffer from epilepsy or seizures? Do you suffer from joint swelling? Do you have varicose veins? Do you have any contagious diseases? Do you have osteoporosis? Do you have any allergies? Do you bruise easily? Any broken bones in the past two years? Any injuries in the past two years? Do you have tension or soreness in a specific area? Please Specify Do you have cardiac or circulatory problems? Do you suffer from back pain? Do you have numbness or stabbing pains? Are you sensitive to touch or pressure in any area? Have you ever had surgery? Explain Below. Do you have any other medical condition, or are you taking any medications I should know about? Comments:

Consent to Treatment of Minor: By my signature below, I hereby authorize Christopher Furer, CMT to administer massage, bodywork, or somatic therapy techniques to my child or dependent as they deem necessary.

Signature of Parent or Guardian Date

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners 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/ 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. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

Client Signature Date