

Mind Body on High

Services Consent Form

THIS FORM MUST BE COMPLETED & SIGNED BEFORE RECEIVING ANY SERVICES

General & Medical Information:

Have you ever experienced a bodywork session? _____ How long ago: _____

Which areas would you like to focus on during this bodywork session?

Do you have any of the following conditions? If yes, please explain below as clearly as possible.

- | | | |
|---|---|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Sensitive to touch or Pressure | |
| <input type="checkbox"/> Wear contacts | <input type="checkbox"/> Varicose Veins | |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Bruise Easily | |
| <input type="checkbox"/> Frequent Headaches | | |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Pain? Where? _____ | |
| <input type="checkbox"/> Stress | <input type="checkbox"/> Depression/Anxiety | <input type="checkbox"/> Contagious Disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cardiac/Circulatory Conditions | |
| <input type="checkbox"/> Pregnant | <input type="checkbox"/> Asthma | <input type="checkbox"/> Skin Sensitivity |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Hernia | |

Arthritis Osteoporosis Joint swelling Numbness or stabbing pains?

Explain below. High blood pressure. If yes, are you taking medication for this?

Explain below. Surgery in the past five years? Explain below.

Accident or suffered any injuries in the past 2 years? Broken bones, etc. Explain below.

Other medical conditions not listed. Explain below.

Comments: _____

I understand that the service I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform the bodyworker so that the treatment may be adjusted to my level of comfort. I further understand that bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment. I understand that body workers 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 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 during the session and understand that there shall be no liability on the bodyworker's part should I fail to do so. I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session. I, also, understand that the bodyworker reserves the right to refuse to perform bodywork on anyone whom he/ she deems to have a condition for which any session is contraindicated.

Client Signature: _____

Date: _____

Print

Name: _____ Email: _____