Business name _____

Massage & Body Treatment Consent

Deep or firm massage can aggravate some underlying conditions without you realising it's happening. That's why we ask about recent surgery, blood clots, and cardiovascular conditions below. Please let us know about anything that applies so your therapist can adapt the treatment safely.

Full name

Date of birth

Home address

Are you currently pregnant?	☐ Yes	☐ No
Any recent surgery, blood clots (DVT), or cardiovascular condition?	☐ Yes	☐ No
Are you currently having, or recently finished, cancer treatment?	☐ Yes	☐ No
Do you have a skin infection, open wound, or fever today?	☐ Yes	☐ No

Any injuries, areas of pain, or areas you'd like us to avoid?

☐ I confirm the information I've given above is accurate, and I consent to this treatment.

☐ I give my explicit consent for the business named above to use the health information on this form to provide my treatment safely.

Client's signature _____ Date _____

Client's name in capitals _____

Therapist's signature _____ Date _____