

# Spa Belle Meade

## The Medical Spa

179 Belle Meade Road ~ Suite 2 ~ East Setauket, NY 11733  
(631) 751 2693 ~ FAX (631) 751 4428

### MASSAGE THERAPY INFORMED CONSENT

Name: \_\_\_\_\_ Client #: \_\_\_\_\_ Date: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**In order to get the most from your therapeutic massage, please read the following information carefully.**

**BEFORE THE TREATMENT:** If you have any recent or chronic medical conditions, please check them below and discuss them with your practitioner before the treatment begins.

- |   |   |
|---|---|
| <input type="checkbox"/> Dislocations               | <input type="checkbox"/> Recent surgery                       |
| <input type="checkbox"/> Back injuries              | <input type="checkbox"/> Numbness, tingling or nerve problems |
| <input type="checkbox"/> Neck injuries              | <input type="checkbox"/> High blood pressure                  |
| <input type="checkbox"/> Pulled muscles             | <input type="checkbox"/> Headaches                            |
| <input type="checkbox"/> Fractures                  | <input type="checkbox"/> Arthritis                            |
| <input type="checkbox"/> Other recent bone trauma   | <input type="checkbox"/> Inflammations                        |
| <input type="checkbox"/> Stiff neck                 | <input type="checkbox"/> Skin problems                        |
| <input type="checkbox"/> Mid-back pain              | <input type="checkbox"/> Fainting spells                      |
| <input type="checkbox"/> Lower back pain            | <input type="checkbox"/> Nausea                               |
| <input type="checkbox"/> Sore arms                  | <input type="checkbox"/> Pregnancy                            |
| <input type="checkbox"/> Muscle cramping            | <input type="checkbox"/> Auto immune disease                  |
| <input type="checkbox"/> Other recent muscle trauma | <input type="checkbox"/> Cancer                               |
| <input type="checkbox"/> Other conditions: _____    |   |

Have you ever had massage before? \_\_\_\_\_

Are you on medication?  No  Yes, what? \_\_\_\_\_

Why have you come today? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**DURING THE TREATMENT:** In order to derive the greatest benefit from this work, a couple of suggestions may be helpful. First, if at any time during the treatment you notice yourself unconsciously holding your breath, simply release your breath. Exhaling releases tension – holding your breath retains tension. Second, for the same reason, if your practitioner is applying pressure or stretching a muscle, releasing your breath will relax your muscles more easily. Finally, if at any time during the treatment, anything feels uncomfortable, please tell your practitioner so that he or she can adjust the technique to your particular needs.