

Preassessment and Informed Consent for Massage Therapy

Name: _____ Date: _____ Student _____
 SS# _____ Phone: _____ Fac/Staff _____
 Date of birth: _____ Community _____
 Local Address: _____
 City: _____ State: _____ Zip: _____

HEALTH QUESTIONS

Are you currently taking any medication(s)? Yes ___ No ___
 If so, for what? _____

Are you currently under the care of a physician or chiropracter? Yes ___ No ___
 If so, for what? _____

Primary Goals for massage session _____

Do you wear contacts? Yes ___ No ___

Have you had any history of the following?

- | | | |
|--|--|--|
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Skin Condition | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Seizures | <input type="checkbox"/> Current flu, cold, or infection |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Loss of Sensation | <input type="checkbox"/> Anticoagulants |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> First Trimester Pregnancy | |

Previous injury or illness of muscles, tendons, or ligaments (Please explain) _____

Previous injury or illness of bones, joints, or nerves (Please explain) _____

Other, explain _____

INFORMED CONSENT

I understand that: (1) therapeutic massage services are designed to be a health aid and are in no way meant to take the place of a physicians care when it is indicated, (2) information exchanged during any massage session(s) is educational in nature and is intended to help me become more familiar with and conscious of my own health status, (3) this information is to be used at my own discretion, (4) there are no refunds on missed appointments. Rescheduling for cancellations will be made only with a 24 hour advance notice, (5) if you make an appointment on a "must pay" basis and do not show up for it, your account will be flagged, making registration or grade issuance impossible. Futhermore, I agree to hold the massage therapist and Western Kentucky University free of liability for any injury I might suffer as a consequence of undergoing massage therapy.

 DATE

 YOUR SIGNATURE