

Client Information and Informed Consent Sheet

In order to serve you better and make the most of your session, please fill this form out PRIOR to attending your session. Thank you!



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PLEASE PRINT

DATE: _____

Whom may we thank for referring you? _____

SECTION 1: CLIENT INFO

NAME _____ DOB _____ / _____ / _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE mobile _____ Mobile provider _____
 home _____
(to receive a text appointment reminder)

EMAIL _____

(You will be added to the TaoMassage business list and receive periodic announcements, promotions, etc)

DO NOT ADD ME TO EMAIL LIST

Occupation? _____ Married?/Children? _____

Sports? Exercise? Hobbies? Activities? _____

Height: _____ Weight: _____

CIRCLE ONE ANSWER: I would like services performed at: TAO 611 Bangs Avenue / at another location
I would / would not like notes to be kept on my progress/services received at TAO.

SECTION 2: PRESENT CONDITION

Reason for seeking therapeutic massage? _____

If this condition is a result of trauma, accident or other health condition please explain
(include date of injury if applicable): _____

How long have you had this condition? _____

Other health services sought for this condition? _____

When is this condition most problematic for you? _____

What makes the condition better? _____

What makes the condition worse? _____

Preferred pressure/techniques?: light medium deep very deep

NAME _____

SECTION 4: YOUR AGREEMENT WITH TAOMASSAGE

ASHIATSU ORIENTAL BAR THERAPY™ : This letter is to express and explain that you are about to receive Ashiatsu Oriental Bar Therapy (AOBT), a deep tissue technique that is designed for persons who have a firm diagnosis of chronic low back pain. Clients that are thick muscled and weigh over 200 pounds are best suited for two-footed strokes. Although some clients ask for deeper compression, we prefer to keep the compression at a therapeutic level that we feel comfortable with. Your comfort is our number one concern! If you request more compression on a higher level than that of the therapeutic range we deliver, we will not be held responsible for aggravating a condition that may already be present.

Due to the serious nature of this technique, we would appreciate that you understand that should you experience pain, stiffness, soreness, skin irritations, marks, headaches, sinus congestion, bruises or any injury or condition following AOBT, that you do not hold the modality, massage therapist or the company liable.

Due to the compressive nature of AOBT the following conditions are contraindicated:

- pregnant or trying to get pregnant
- osteoporosis
- recent eye surgery (within 72 hours)
- varicose veins
- heart conditions
- cancer
- acute back pain
- breast implants within 9 months

The Ashi DOs & DONTs following an AOBT session have been fully explained to me and I understand that it is my responsibility to take proper care of myself following this session as recommended above.

CLIENT INITIALS _____

FLOAT: I attest that I am free of infectious skin diseases; I do not suffer from medical or physical conditions that are affected by restricted environmental stimulation therapy, I am not under the influence of drugs or alcohol.

CLIENT INITIALS _____

Please read the following statement carefully, then sign below.

I understand fully that massage therapy is not a substitute for medical examinations and/or diagnosis and that it is recommended that I see a physician for any physical ailment I may have. Because a massage therapist must be made aware of any existing physical conditions, I have stated all known medical conditions and take it upon myself to keep my therapist updated on my physical health.

I understand and accept that I may experience bruising, stiffness and/or soreness following receiving services from TaoMassage.

I understand that if I have indicated that I weigh 350lbs or more, I will not hold the modality, massage therapist or the company liable for any equipment failure.

I understand and have read the TaoMassage office policy and understand that payment is due at the time of treatment. I agree to give 24 hours notice of cancellation of appointment. If less than 24 hours given I agree to pay for the missed scheduled session. Cases of extreme emergency are considered exceptions.

I understand that any illicit or sexually aggressive remarks, advances or gestures made by me will result in the immediate termination of the session, and I will be liable for payment of the scheduled appointment.

FOR YOUR INFORMATION: The following sometimes occurs during massage, they are normal responses to relaxation/massage. Trust your body to express what it needs to: need to move or change positions, sighing, yawning, change in breathing, stomach gurgling, energy shifts emotional feelings and/or expression, movement of intestinal gas, falling asleep, memories, needing to urinate

I have carefully read and understand all of the above and I have answered all questions fully and accurately.

CLIENT SIGNATURE _____ DATE _____