Arizona College Massage Clinic Client Information

Name: _____ Date: _____

Address: _____ Phone: _____

City, Zip Code: _____ E-mail: _____

Release of Liability and Informed Consent

I, _____, understand that massage therapy provided by instructors and supervised students of the Arizona College is intended to enhance relaxation, reduce pain caused by muscle tension, improve circulation, and offer a positive experience of touch. I understand that Massage Therapy is not a substitute for medical treatment or medications. The massage therapist does not diagnose illness and disease, or prescribe medication. Effects of massage therapy may include relaxation, stress relief, emotional response, dizziness, and even flu-like symptoms.

I have informed the Arizona College of all my known physical conditions, medical conditions, and medications. I understand it is my responsibility to update my medical information. I acknowledge that I have read the above agreement and will abide by its principles.

I have received a copy of the schools policies; I understand them and agree to abide by them. I hereby release Arizona College and its affiliates, instructors and students from any liability whatsoever.

Signature _____ Date _____

Primary concern or goal for this session: _____

Desired Pressure: Light Firm Deep **Referred By:** _____

Medical History

Circle all that apply:

Now pregnant	Migraines/Headaches	Digestion Prob.	Cancer: Type _____
Hormonal Problems	Sinus Problems	Elimination Problems	Cysts/Tumors/Clots
Allergies	Heart Problems	Inner Ear Problems	High/Low Blood Press.
TMJ Disorder	Back Problems	Sciatica	High/Low Blood Sugar
Bruise Easily	Neck Problems	Seizure	Fibromyalgia
Arthritis/Bursitis	Skin Problems	Insomnia	Carpal Tunnel

Please explain any conditions circled above: _____

_____

_____

List all medications, supplements, herbs, and vitamins; include dosage: _____

_____

Describe any injuries, surgeries, or areas of stress and tension: _____

_____

_____

_____

Special notes: _____

Massage Student Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____