



**INTRAMURAL-RECREATIONAL SPORTS**

**UNIVERSITY OF VIRGINIA**

**MASSAGE THERAPY CLIENT INFORMATION**  
*CONFIDENTIAL*

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please check off any of the following conditions or symptoms, which apply to you now or in the past:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Blood Clots      | <input type="checkbox"/> Heart Attack/Stroke       |
| <input type="checkbox"/> Low Blood Pressure  | <input type="checkbox"/> Arthritis        | <input type="checkbox"/> Muscle Strain/Sprain      |
| <input type="checkbox"/> Low Back Pain       | <input type="checkbox"/> Osteoporosis     | <input type="checkbox"/> Hypo/Hyperglycemia        |
| <input type="checkbox"/> Varicose Veins      | <input type="checkbox"/> Headaches        | <input type="checkbox"/> Allergy to Nut Oils       |
| <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Contagious Cond. | <input type="checkbox"/> Skin Conditions           |
| <input type="checkbox"/> Pregnant            | <input type="checkbox"/> Constipation     | <input type="checkbox"/> Allergies: smells/lotions |
| <input type="checkbox"/> Acid Reflux         | <input type="checkbox"/> Painful Cramps   |  |

Please explain any of the above or other conditions/symptoms you have experienced:

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Please list any medications you are taking for any reason:

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If you have had any serious or chronic illness, operations, or traumatic accidents, please explain:

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Have you received a massage before and if so, how often?

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**MASSAGE THERAPY CLIENT WAIVER**

Please initial each statement then sign and date below.

\_\_\_\_\_ I understand that massage therapy and body work are for the purposes of stress reduction, relief from muscular tension and spasm, general relaxation, and improvement of circulation and energy flow.

\_\_\_\_\_ I understand that the bodywork practitioner does not diagnose illness, disease, or any other physical or mental disorder. The practitioner does not prescribe medical



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treatment of pharmaceuticals, nor does he/she perform any spinal manipulations. I have been made very clear that massage therapy and bodywork are not substitutes for medical examination or diagnosis and that it is recommended that I see a medical practitioner for any physical ailment that I may have.

\_\_\_\_\_ I understand that services offered today, and in the future are not a substitute for medical care and that any information provided by the therapist is for educational purposes only, and is not diagnostically prescriptive in nature.

\_\_\_\_\_ I have stated all of my known medical conditions on the Client Information Form. I have consulted a medical doctor or licensed medical health care practitioner regarding any checked or described conditions.

\_\_\_\_\_ I realize it is solely my responsibility to keep the bodywork practitioner updated on any changes in my physical health and I understand that the University of Virginia, the department of IM-REC Sports and the practitioner shall not be liable should I fail to do so.

\_\_\_\_\_ I understand that all massage therapy and bodywork offered is strictly non-sexual.

\_\_\_\_\_ By signing this release, I hereby waive and release the University of Virginia, department of IM-REC Sports and it's staff, massage therapists, and bodywork practitioners from any and all liability, past, present, and future relating to massage therapy and bodywork.

I have received the policy statement, and have read and agree to the policies therein.

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_