suburban
DECOMPRESSION

Name

Work Phone _____ Cell Phone _____ Email _____

Address

City _____ State _____ Zip _____

The form is intended only as an assessment tool that is routinely used in the massage profession and serves as a guide for application of massage.

Have you received a professional massage before? Please circle your answer. Yes / No

Reason for initial visit:

If there are any areas of your body that you do not want massaged, please indicate here:

Please list current medications:

List any major accidents or surgeries (please include dates):

Please circle any condition(s) that you have now or have experienced in the past.

Anemia	Emphysema	Phlebitis
Asthma	Fibromyalgia	Pregnant (current)
Bladder infection	Fungal infections	Psoriasis
Boils	Gallstones	Rashes
Brain injury	Headaches	Reduced sensation
Breast Cancer	Heart disease/condition	Reflux
Broken or fractured bones	High Blood Pressure	Rheumatoid Arthritis
Bruise easily	Hodgkin's disease	Scars
Burns	Hypo/Hyperthyroidism	Seizure disorder
Bursitis	Insomnia	Sinus problems
Cancer	Irritable Bowel Syndrome	Skin allergies
Carpal tunnel syndrome	Leukemia/lymphoma	Skin Cancer
Chronic Fatigue Syndrome	Loss of motion or mobility	Spinal cord injury
Cirrhosis	Low Blood Pressure	Strains, sprains, tendonitis
Clotting disorders	Lupus	Stroke
Cold/flu/fever (Currently)	Multiple Sclerosis	Thoracic outlet syndrome
Cramping, spasms, soreness	Numbness/tingling	TMJ dysfunction
Diabetes	Osteoarthritis	Unable to comfortably lie on both sides
Difficulty with prolonged stance	Ovarian cysts	Varicose Veins
Eczema	Pelvic Inflammatory Disease	
Edema	Persistent pain	

Additional Notes:

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Agreement and Release of Liability

It is your responsibility to inform the therapist of any pre-existing conditions, limitations or specific sensitivities or anything that may be relevant to your session. You must inform your therapist if at any time during the session you feel discomfort or unease. You should also ask your therapist to adjust the level of pressure or activity if you feel it is warranted or if you feel discomfort or unease. You understand that massage therapy does not diagnose illness or disease or any other disorder and is not a substitute for medical examinations or medical care. You understand and voluntarily accept any risks relating to your session and have been allowed the opportunity to ask any questions you have, including those relating to the inherent risks associated with your session. You hereby release and hold harmless Urban Decompression (including its employees, owners, managers, members, affiliates, practitioners, contractors, agents and insurers) from any and all liability for any injury or harm, including without limitation, personal, bodily or mental injury, economic loss, or damage resulting from your session (including, without limitation, your failure to disclosure any pre-existing condition, limitation or specific sensitivities or the failure to inform your therapist or instructor of any discomfort during the session, as well as any and all other liabilities that may legally be released). Your therapist may determine that it is unsafe to proceed with or continue any session due to health-related concerns. In this event, you may be required to provide us with a physician's medical release prior to continuing any future sessions. I understand that this agreement and release of liability applies to this and any and all future sessions or dealings that I may have with Suburban Decompression.

Signature:

Name: Date: