

Mark Diagram

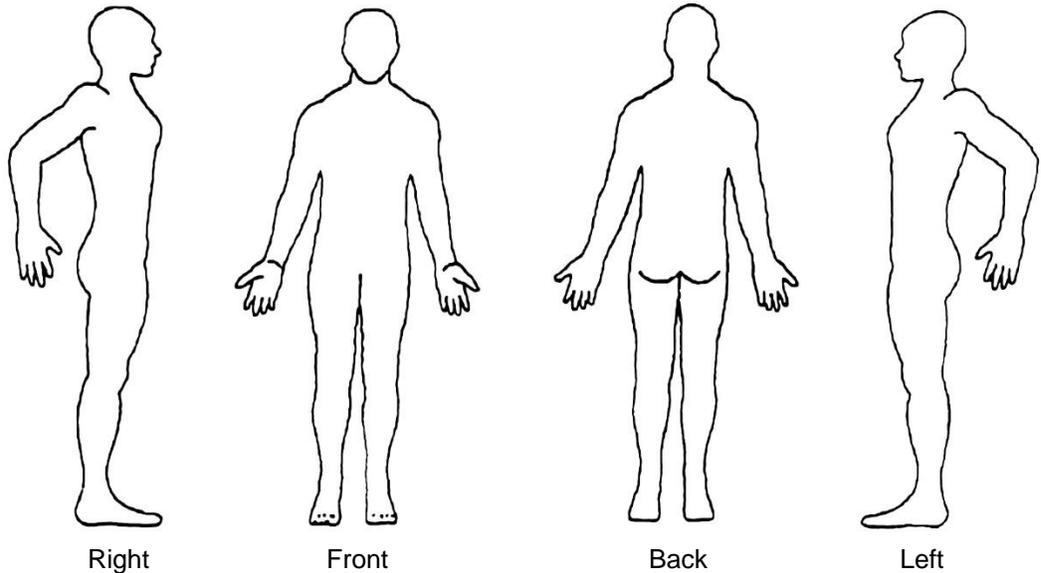
- P = pain
- S = sore
- N = numb
- T = tingling
- F = fracture

Pressure:

- Light
- Medium
- Heavy

Techniques:

- Relaxation
- Swedish
- Deep Tissue



Please read the following informed consent statement and sign at the bottom:

I, _____ (print name) understand that the massage I receive is provided for the basic purpose of relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the massage therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said during the session given should be construed as such. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so. Draping with sheets and towels will be used during the session so that only the area being worked on will be uncovered. Inappropriate comments or behaviors that are sexual in nature will not be tolerated. Any violations to this policy will result in immediate termination of the massage therapy session. Clients under the age of 18 or with cognitive impairment must have informed written consent and be accompanied by a parent or guardian.

Client Signature _____ Date _____

Parent or Guardian _____ Date _____