Chair massage consultation form

Seated massage over your clothes, with no oils.

Name _____ **Date** _____

Company or event _____ **Therapist** _____

Therapist's business and contact details _____

How I use your details _____ (your website's privacy page)

Before your massage

1	Are you feeling unwell today, or do you have a temperature or an infection?	☐ Yes	☐ No
2	Have you had any surgery, injury or broken bones in the last three months?	☐ Yes	☐ No
3	Have you ever had a blood clot (such as DVT), or do you take blood thinners?	☐ Yes	☐ No
4	Are you pregnant?	☐ Yes	☐ No
5	**Only if you answered yes to 4:** have you had any complications, or has your midwife or doctor advised against massage?	☐ Yes	☐ No
6	Do you have a medical condition, or take medication, that could be affected by a massage today? For example heart or blood pressure problems, epilepsy, diabetes, osteoporosis, cancer treatment or allergies (for example to latex).	☐ Yes	☐ No
7	Do you have any neck, back or shoulder problems (such as a trapped nerve, whiplash or a disc problem), or have you hit your head recently?	☐ Yes	☐ No
8	Do you have any skin conditions, rashes or broken skin on your head, neck, shoulders, back, arms or hands?	☐ Yes	☐ No

If you answered yes to any question, please tell us more:

_____

_____

9 Are there any areas to avoid, or anything else your therapist should know?

_____

_____

Your consent

I have answered these questions honestly and will tell my therapist if anything changes. I understand this massage is not a replacement for medical care, that I stay fully clothed, and that I can ask to stop at any time.

☐ I agree to my therapist keeping this form, including my health details, as a record of my treatment. It will be kept securely for _____ years, then destroyed. I can ask my therapist to withdraw this consent, though they may need to keep the form if it's needed to deal with a complaint or a legal claim.

Client signature _____ **Date** _____

Therapist signature _____ **Date** _____

For the therapist: ☐ Massage given ☐ Adapted ☐ Declined today ☐ Advised to see their GP

Notes _____