

Massage therapy consultation form and waiver

Therapist name: _____

Your name: _____

Medical history

Do you have any medical conditions?

☐ Yes ☐ No If yes, please explain: _____

Are you currently taking any medications?

☐ Yes ☐ No If yes, please list: _____

Do you have any allergies?

☐ Yes ☐ No If yes, please list: _____

Have you had any recent surgeries or injuries?

☐ Yes ☐ No If yes, please explain: _____

Do you have any of the following conditions? (Check all that apply)

- | | |
|--|---|
| <input type="radio"/> Heart condition | <input type="radio"/> High/low blood pressure |
| <input type="radio"/> Diabetes | <input type="radio"/> Skin conditions |
| <input type="radio"/> Cancer | <input type="radio"/> Epilepsy |
| <input type="radio"/> Immunodeficiency | <input type="radio"/> Other: _____ |

Are you currently pregnant?

☐ Yes ☐ No If yes, how many weeks? _____

Add-on services (if applicable)

Cupping: Cupping may leave marks for several days.

☐ Acknowledged

Hot Stones: Hot stones can reach up to 60°C and may cause redness.

☐ Acknowledged

CBD Oil: Are you comfortable with the topical use of CBD products during your treatment?

☐ Yes ☐ No

Aromatherapy:

☐ No allergies ☐ Disclosed

For Brazilian lymphatic drainage massage only

Do you have any of the following conditions?

☐ Diabetes ☐ Epilepsy ☐ Heart conditions ☐ Immunodeficiency
☐ Taking anticoagulants or antidepressants ☐ On steroids or antibiotics with skin-related side effects ☐ Pacemaker ☐ Undergoing chemotherapy / radiotherapy

If any of these apply, please confirm you've got approval from your GP for this treatment.

Client signature: _____

Client waiver & consent

I understand this massage therapy session is intended for general well-being, is not a substitute for medical care, and is strictly non-sexual. I agree to notify the therapist of any health changes that may affect my treatment. Urban's role is to connect me with an independent therapist, and my contract is directly with them. I release Urban and the therapist from liability related to this session.

Date: _____ Client signature: _____