



My holistic family

Client Information

Name _____

Address _____

Phone _____

Email _____

Birth date _____

Occupation _____

Marital status S M D W

Activities _____

(List sports, hobbies, occupational hazards, etc. that may contribute to muscle dysfunction. For example: sitting/standing for long periods of time, typing, studying, heavy lifting, weight training)

Massage Therapy Informed Consent

I understand that massage therapy provided by Karen Boulanger is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, and improve circulation & lymphatic flow.

Some possible massage contraindications (*reasons not to do certain types of massage*) include certain cancer treatments, circulatory disorders such as varicosities/blood clots, infectious diseases, inflamed/infected tissue.

I understand that massage therapy is not a substitute for medical treatment and that it is recommended that I concurrently work with my primary health care provider for any condition that I have. I am aware that massage therapists do not diagnose illness, prescribe medications or perform spinal manipulation.

Client signature _____

Date _____

Parent signature _____