



111 West Water Street, Toms River, NJ 08753  
 www.centerforhealthandhealingnj.com  
 Phone (732) 505-8282

## Massage Waiver

Name \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_ E-mail \_\_\_\_\_@\_\_\_\_\_

Occupation \_\_\_\_\_

Physician \_\_\_\_\_ Medications? \_\_\_\_\_

How did you hear of our services? \_\_\_\_\_

Reason for appointment \_\_\_\_\_

Areas of complaint, pain or tension \_\_\_\_\_

Please answer the following questions by marking each statement: "yes" or "no"

Have you had a professional massage before? \_\_\_\_\_

Would you like to receive mail on specials and upcoming events? \_\_\_\_\_

Have you ever had surgery? \_\_\_\_\_ If yes, please describe \_\_\_\_\_

Do you have sensitive skin or allergies? \_\_\_\_\_

Have you suffered an acute injury recently? \_\_\_\_\_

Do you have varicose veins or blood clots? \_\_\_\_\_

Do you have arthritis or stiff, painful joints? \_\_\_\_\_

Do you exercise regularly, or participate in any sports? \_\_\_\_\_

If yes, what type and how often? \_\_\_\_\_

Do you have any heart problems? \_\_\_\_\_ If yes, what is the diagnosis? \_\_\_\_\_

Do you have any spinal problems? \_\_\_\_\_ If yes, what is the diagnosis? \_\_\_\_\_

Are you pregnant? \_\_\_\_\_

Do you have high blood pressure or low blood pressure? \_\_\_\_\_

Do you have any specific health problems that I should be aware of before this massage? \_\_\_\_\_

I attest that the above information is true and correct.

I \_\_\_\_\_, understand that massage is basically for the purpose of stress management, relief of muscle tension and to promote wellness. I also understand that massage therapists do not diagnose mental or physical illnesses nor do they prescribe medication or treatment of disease. A massage therapist works on soft tissue and may integrate gentle range of motion exercises to the joints but will not administer spinal manipulations. Since a massage therapist must be aware of existing physical conditions, I have stated any pertinent information and will keep my therapist up to date prior to any sessions.

I waive and release any and all claims for damages I may have against "Center for Health and Healing, LLC" it's staff or affiliates. I agree to hold "Center for Health and Healing, LLC" harmless and indemnify it for any incidents(s) arise from my use of "Center for Health and Healing, LLC" facilities.

I have read and understood the above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Therapist \_\_\_\_\_ Date \_\_\_\_\_