



Client Information & Consultation Form

Name: _____ Date: _____
Last First

Address: _____
Street Apt City State Zip

Cell Phone #: _____ Occupation: _____

E-Mail Address: _____

Used for Siena Massage SPECIAL OFFERS! (Typically, only one per month.)

Date of Birth: _____ How did you hear about Siena Massage? _____

Have you had a professional massage before? Yes No How long ago? _____

What level of pressure do you prefer? Very Light Light Medium Firm Deep Tissue

Are you currently pregnant? Yes No If yes, which trimester? _____

Please list any medications you are currently taking: _____

Please list any known allergies: _____

Please list any other medical conditions, major illnesses, broken bones, surgeries, accidents or other relevant medical conditions that you have had within the past three years:

Are you currently experiencing any of the following conditions?

Fever Cold/Flu Symptoms Burns/Rash Contagious Diseases Inflammation/Dermatitis

These conditions must be discussed with your massage therapist as they may require rescheduling your massage appointment.

In compliance with Title 25, Texas Administrative Code §140.304, clients are required to complete the following release prior to the massage session:

FEEDBACK: I understand that my feedback is an essential element in my treatment, therefore if at any time I should become uncomfortable during the massage I will bring it to my therapist's attention immediately and/or request that the session end. **Please Initial:** _____

PECTORAL/GLUTEAL MASSAGE: Your therapist will provide massage therapy based on your personal preferences and needs, however our therapists will not massage certain muscle groups unless you provide written approval prior to the session.

I hereby give consent for my therapist to implement massage for the following muscle groups during my sessions: **Pectoral** (Chest) **Adductor** (Inner Thigh) **Gluteal** (Buttocks)

DRAPING: For your privacy and comfort, Siena Massage requires our massage therapists to use draping with sheets/blankets at all times during every massage session. **Please Initial:** _____

CLIENT STATEMENTS AND UNDERSTANDINGS:

I am not aware of any medical condition or specific symptoms that may be a contraindication for massage therapy. In cases where one or more medical conditions exist, I understand that a referral from my primary care provider is required prior to service, and that the massage I receive is provided for the purpose of relaxation, relief of muscular tension and/or improved circulation. If I experience any pain or discomfort during any session I will immediately inform the practitioner so the technique 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 if any mental or physical ailments exist. I understand that massage practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of any massage session should be construed as medical advice. **I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep Siena Massage updated regarding any changes in my medical profile and understand that Siena Massage shall not be liable should I fail to do so.**

I understand that any illicit, sexually suggestive remarks, inappropriate behavior or advances made by me will result in immediate termination of the session and I will be responsible for full payment of the scheduled appointment. Siena Massage reserves the right to refuse service to any client at any time for any reason at Siena Massage's sole discretion.

Any client under the age of 17 must have the written consent of parent or guardian to receive massage.

*** We request that any cancellations occur at least six hours in advance, otherwise we reserve the right to charge full price for the appointment.**

I have read, understand and agree to be bound by the information, terms and conditions listed above.

Client Signature: _____ **Date:** _____

Client Printed Name: _____