

## Massage Program

# Chair Massage Informed Consent and Intake Form

This service is available **only for adult family members** of our patients.  
It is not available for patients or anyone under the age of 18.

Name: \_\_\_\_\_ Contact phone: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
City State ZIP

Are you currently pregnant?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	How many weeks? _____
Do you currently have a cold/flu or fever?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Are you experiencing pain?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Where? _____
Do you have any skin allergies/rashes?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Do you have any recent injuries?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Where? _____
Have you had any recent surgeries/ medical procedures?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	What? _____
Are you currently seeing a doctor for any major or long term medical conditions?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	What? _____

If you feel any pain or discomfort during this session, tell the massage therapist immediately so the pressure and/or strokes can be adjusted to your comfort level. Some medical conditions do not allow massage or other bodywork. By signing below, you confirm that you have answered all questions truthfully, and shared any knowledge of your medical conditions.

## Informed Consent, Waiver and Release

By signing below, you acknowledge and agree to the following:

- The only purpose of this massage is relaxation, stress reduction or increased circulation/energy.
- Massage therapists will not provide medical diagnoses; and
- You waive and release Seattle Children's, its staff and volunteers who are operating this massage program from any and all claims, suits, losses and related cause of actions for damages that may arise in any way, direct or indirect, from this massage program.

For participation in repeated scheduled massage appointments, this consent will be in effect **for a period of three (3) months** from the date signed below.

By signing below, you acknowledge that you have read this document in its entirety (or that it has been read to you) and understand and agree with its content.

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Repeat visits:

Client initial: \_\_\_\_\_ Date: \_\_\_\_\_

Client initial: \_\_\_\_\_ Date: \_\_\_\_\_

Client initial: \_\_\_\_\_ Date: \_\_\_\_\_

Client initial: \_\_\_\_\_ Date: \_\_\_\_\_

Client initial: \_\_\_\_\_ Date: \_\_\_\_\_

Client initial: \_\_\_\_\_ Date: \_\_\_\_\_

Client initial: \_\_\_\_\_ Date: \_\_\_\_\_

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Client initial: \_\_\_\_\_ Date: \_\_\_\_\_

Client initial: \_\_\_\_\_ Date: \_\_\_\_\_

Client initial: \_\_\_\_\_ Date: \_\_\_\_\_