

Chair Massage - Client Information and Release

Thank you for your interest in chair massage and bodywork. Please fill out the information below:

Name: _____

Age: _____

Email: _____

Are you currently suffering from any ailment or condition that could be affected by today's massage?

Yes No

If yes, please

explain: _____

If yes, are you currently under a doctor's supervision for this ailment or condition?

Yes No

Please read the following statement, then sign and date below to indicate that you have read and understand the statement.

The practitioner whose signature appears below is not responsible for the aggravation of conditions that were present, but not disclosed, at the time of the massage and which may be affected by the massage.

Patient Name: _____

Date: _____

Signature: _____

Massage Therapist: _____

Date: _____