



Red Cedar
Wellness

Date: _____

Contact Information

Name:

Address:

Date of Birth:

Gender:

Phone:

Emergency contact:

Massage Information

List and prioritize your current symptoms/issues (stress, pain, stiffness, numbness/tingling, swelling, etc.):

Do these symptoms interfere with your activities of daily living (e.g. sleep, exercise, work, childcare)?

Yes No

Explain:

Health History

Circle any of the following health conditions that you currently have:

Blood clots, infections, congestive heart failure, contagious diseases, pitted edema, cancer

Please list any surgeries:

Have you had any lymph nodes removed? _____ If yes, where? _____

Are you pregnant? Yes No

Please indicate conditions that you have or have had in the past:

Current Past Muscle or joint pain

Current Past Numbness or tingling

Current Past Swelling

Current Past Bruise easily

Current Past Stroke, heart attack

Current Past Cancer

Current Past Neurological (MS, Parkinson's, chronic pain)

Current Past Epilepsy, seizures
Current Past Headaches, migraines
Current Past Kidney disease, infection
Current Past Arthritis (rheumatoid, osteoarthritis)
Current Past Osteoporosis, degenerative spine/disk
Current Past Broken bones
Current Past Allergies
Current Past Diabetes
Current Past Endocrine/thyroid conditions

Please list current
medications: _____

Washington state law requires that draping be provided during a massage. It requires that the following areas will not be exposed during a massage: Breast/chest [regardless of sex or gender], genitals, and gluteal cleft, with these exceptions:

- The breast/chest drape may be removed for the duration of the full session with prior informed verbal and signed written consent.
- The drape may be temporarily removed from the gluteal cleft area and/or breasts specifically while these areas are being treated with prior informed and written verbal consent.

I understand that I can alter or withdraw my consent for this treatment and/or treatment plan at any time during this or any other treatment.

Please initial here to indicate that you understand that the chest and/or gluteal cleft will be draped unless you consent to have the drape removed during treatment. _____

Consent for treatment:

If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that bodywork/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 for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile. Understanding all of this, I give my consent to receive care.

Client Signature: _____