

Healthy Necessity Massage

Health Information

Client Name: _____

Date of Birth: _____

Address: _____

Phone: _____

Email: _____

Referred by: _____

Emergency contact: _____

Phone: _____

Physician/Health-care Provider name and phone#: _____

Is this massage/bodywork medically necessary (is it for a medical condition, injury, surgery)? Yes No

Do you have a physician referral/prescription? Yes No

Healthy-Intake Update

Have you had a fever in the last 24 hours of 100F or above? Yes No

How recently? _____

Do you now, or have you recently had, any respiratory or flu symptoms, sore throat or shortness of breath?

Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has coronavirus-type symptoms?

Consent for Treatment

I understand that, because massage therapy work involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19. By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive massage and bodywork from this practitioner. I also acknowledge that the practitioner is not legally responsible for any medical conditions that may arise during the session such as COVID-19.

Client Signature: _____

Parent or Guardian Signature (in case of a minor): _____

Date: _____

California State Massage Therapist Signature: _____