

## INFORMED CONSENT FOR MASSAGE THERAPISTS

In order to offer the best possible service, please complete the following questionnaire so that our massage therapists can tailor the treatment to your personal situation and ensure that no contraindications arise. To ensure your health, massage therapists may withdraw from the treatment if they detect any dangerous situation, or if they do not have this completed and signed questionnaire from you.

**Consent must be provided before the start of treatment.**

First Name

Last Name

Room

Have you ever had surgery ?

☐ Si

☐ No

Do you have varicose veins?

☐ Si

☐ No

Do you have any spinal problems ?

☐ Si

☐ No

Are you pregnant ?

☐ Si

☐ No

Do you suffer from chronic low back pain ?

☐ Si

☐ No

Do you suffer from arthritis or fibromyalgia ?

☐ Si

☐ No

I understand that the massages administered here are intended to reduce stress, relieve tension, muscle spasms, and improve circulation.

I understand that it is not the massage therapist's job to diagnose conditions, illnesses, or other physical or mental disorders. As such, this massage therapist does not prescribe any medical treatment or medication, nor does he or she perform any type of spinal manipulation. It has been made clear to me that massage is not a substitute for medical examination or diagnosis, and I have been advised to see a physician if I am experiencing any ailments.

As this massage therapist must be aware of any medical conditions I may have, I have disclosed all known medical conditions, and it is my responsibility to keep him or her informed about the status of my physical health.

Our time together is precious, so I agree to cancel my fee with 24 hours' notice. Unless it is an EMERGENCY, if I do not keep an appointment, I agree to pay the full amount of the agreed-upon massage.

Date \*

Signature\*



TORRE DEL MARQUÉS

*A Secret Destination*