

Riktr Deep Tissue Massage 805-845-6065

Website: www.riktrmassage.com E-Mail: riktrdeeptissuemassage@hotmail.com 411 E. Calle Laureles, Santa Barbara, Ca 93105

Referred by:

Date _____

All clients must fill this form out.

In order to ensure your safety, please take a few minutes to fill out this form. Thank you

Name _____ **Birthday** _____ **Age** _____

Address, City, State, Zip

Phone Number _____ **E-Mail**

Address _____

Occupation _____ **Duties** _____

Emergency Contact: _____ **Tel**

_____

Have you received massage before? Y / N If yes, how often?

Reason / Goal for today's visit

Current Health Information

Are you currently under a physician's care? Y / N If yes, please explain:

List all current medications, (include over the counter and herbal):

Are you allergic to any medications, oils, aromas, fruits, nuts or topical preparations? Y / N If yes, please explain:

Do you have any mobility restrictions? Y / N If yes, please explain: _____

Have you had any recent injuries or surgeries? (Last six months): Y / N If yes, please explain

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Do you have any implants, pins, plates, prostheses, fused vertebrae or herniated discs? Y / N

If yes, please explain: _____

Do you have any injury, pain or swelling / inflammation, or infection anywhere in / on your body? Y / N If yes, please explain: _____

Do you have any open sores, skin irritations, rashes, acne, or wounds? Y / N If yes, please explain and state location of the condition

Do you have a fever, cough, or cold today? Y / N Are you suffering from any contagious condition(s) Y / N If yes, please explain

Are you pregnant? Y / N If yes, how many months? _____ Any complications / restrictions? Y / N If yes, please explain

Agreement and Release of Liability

I do hereby waive, release, and forever discharge MP, Riktr Deep Tissue Massage, Nicola Bandak (AKA Chris) and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability from injuries or damages resulting from my participation in any programs of exercise and/or massage therapy. Program and/or session(s) may consist of Exercise, Evaluation, Massage Therapy and/or other related exercises and techniques. **(Please initial _____)**

I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of MP, Riktr Deep Tissue Massage, Nicola Bandak (AKA Chris) or the use of any equipment at 411 E Calle Laureles, Santa Barbara, CA 93105 **(Please initial _____)**

Every effort will be made to minimize any discomfort and prevent injury by preliminary examination and by observations during situations which may arise. To my knowledge, I do not have any limiting physical condition or disability which would preclude a program of exercise and/or massage therapy. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment or machinery except as hereinafter stated. **(Please initial _____)**

All participants prior to involvement in a fitness and/or massage program should obtain a physician's examination. If a participant chooses not to obtain a physician's permission, he/she must sign the following statement:

I do hereby acknowledge that I have been informed of the need for a physician's approval for participation in a program of exercise and/or massage therapy. I accept complete responsibility for my health and well-being in the voluntary exercise and/or massage therapy, and related testing and understand that no responsibility is assumed by MP, Riktr Deep Tissue Massage, Nicola Bandak (AKA Chris) or any affiliated health facilities used during the program of exercise and/or massage therapy. **(Please initial _____)**

I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. (Please initial _____)

It is my choice to have massage therapy. I understand that I may terminate the treatment session at any time. I agree to inform the therapist of any discomfort, or need to adjust applied massage pressure throughout the massage treatment.

I acknowledge that massage therapy *is not* a substitute for medical care, diagnosis, and treatment, but is for the purpose of stress reduction, pain reduction, relief from muscle tension, and increasing circulation. I understand that the massage therapist does not diagnose illness, disease, or any other disorder, and that the massage therapist does not prescribe medical treatment or pharmaceuticals, nor are spinal manipulations within the scope of the massage therapists practice. I understand that the massage therapist may at times refer me to my physician for medical clearance or examination for my health and safety purposes.

I acknowledge that there is no implied or stated guarantee of "success" or "effectiveness" given in conjunction with my massage treatment. I fully understand that massage therapy treatment *is non sexual* contact between the therapist and client. I acknowledge that any sexual misconduct, including verbal or physical, will result in immediate termination of the massage therapy session and *I acknowledge that full payment for the massage session will be paid to the massage therapist.*

I also acknowledge that I have disclosed all medical conditions that I am aware of, and will inform my massage therapist of any changes in my health status, as there are certain conditions during the presence of which massage therapy is not recommended. (Please initial _____)

I have read and agree to all the policies of MP, Riktr Deep Tissue Massage, Nicola Bandak (AKA Chris) as well as the terms of this instrument and understand that I am signing a complete release and bar to any claim resulting from the programs, therapy and/or treatment herein described. In witness whereof, I, the undersigned, execute this release on the date set below.

Signature _____ Date _____

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CONFIDENTIAL

tension / vertigo / dizziness
anxiety / fatigue

cardiac / heart issues

intestinal issues

osteoporosis / herpes

infection

bone / joint / referred pain

lung / respiratory issues

cancer / malignancy

depression /

digestive /

toothache / fungal

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