



care
for
every
body

Welcome! All client information is used to establish boundaries of appropriate care and safety for the client and the therapist. All data is stored according to GDPR requirements. Please fill out the form to the best of your abilities and sign at the bottom.

Client name: _____ Date: _____
Contact info: _____ Service: _____
Emergency Contact (name/phone):

The purpose of the following information is to make sure that you (the client) has no condition that might indicate massage could be harmful (ex: likeliness of blood clots, heart impairments, active infections, open wounds, etc).

Are you taking any medications that may affect care (ex: circulatory/respiratory/pain/nerve-related)?:

If yes, please list what action the medication has: _____

Are you currently pregnant/have you recently been pregnant? no yes (labor date): _____

Any recent injuries or surgeries (in past 6 months)?: _____

Do you have any chronic disease or illness?: no yes

If yes, which disease/type of disease is it?: _____

Goal/s for visit (ex: relaxation, less pain, injury prevention, better sleep, more energy, post-exercise care):

Are you experiencing pain or discomfort? yes no

Intensity of pain (circle one): 1 2 3 4 5 6 7 8 9 10

Type of pain:

- dull sharp aching bruise tenderness
- cramping burning tingling itching stiffness
- sensitivity shooting radiating other: _____

What actions/behaviors decrease the pain?:

What actions/behaviors increase the pain?:

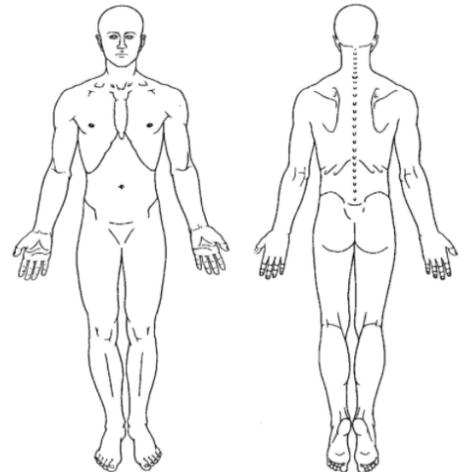
When did the pain start?: _____

Was there a specific incident that caused the pain (ex:injury, work, sports)?:

Time pattern of pain: constant (pain does not change) Intermittent (pain comes and goes)

other: _____

Please color/circle areas of pain/discomfort:



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Privacy and Consent Agreement

Your comfort and safety is necessary! Massage Therapists are committed to restoring and maintaining optimal health and pain-free function of the body. They are educated and trained to accurately assess and apply techniques that include massage and manual therapy, joint mobilization, hydrotherapy, and rehabilitative exercise such as stretching, strengthening, postural exercise and patient education. Massage Therapists work with you to bring you more ease.

I hereby state that the information that I have filled in is true and accurate to the best of my knowledge. I understand that a record will be kept of the care services provided to me by Kaja Matura/Saule Wellness. This record, along with my personal information, will be kept confidential under GDPR requirements in a secure location and only accessed by Kaja to help provide the most effective care. Client data will not be shared or available to anyone but the client.

I understand that I am expected to notify my Massage Therapist if there are any changes to my health.

I understand that if I am uncomfortable with ANY part of my massage therapy treatments I can voice my concerns (before, during, or after) and/or end the session at any time without consequence.

I understand that massage is therapeutic care and is absolutely not sexual or romantic in nature, and that my therapist has the right to immediately end the massage if I become sexually inappropriate or suggestive, threatening, or violent.

I understand that results are not guaranteed. I do not expect that the therapist will be able to anticipate and explain all risks and complications.

With this knowledge, I **voluntarily consent** to the therapeutic procedures mentioned above. I intend this consent form to cover the entire course of treatment with this Massage Therapist. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time. I understand that I will be receiving massage therapy as an adjunctive form of healthcare, and that I must continue to receive appropriate medical care and advice from my Medical Doctor.

Client name: _____ Signature: _____

Date: _____

I would like to receive the occasional wellness newsletter from Saule Wellness with exercises, recipes, health resources, etc (4-8/year, no spam!).

Email: _____