

Name: \_\_\_\_\_

Date: \_\_\_\_\_

# ***Thai Massage Health History Questionnaire***

Mobile \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

Email \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Name	Relationship	number
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Occupation \_\_\_\_\_ How did you find me? \_\_\_\_\_

When was your last massage? \_\_\_\_\_ Where? \_\_\_\_\_

Are you presently taking any medication? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please Explain: \_\_\_\_\_

Have you had a recent major surgical procedure or injury? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please Explain: \_\_\_\_\_

Are you currently seeing a Chiropractor, Physical Therapist, or Physician for an ongoing issue?

\_\_\_\_\_ Yes \_\_\_\_\_ No Please Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please circle your stress level:      Low 1 2 3 4 5 High

What do you hope to have addressed by visiting a Thai Massage practitioner?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Circle the following conditions that apply to you, past and present. Please add your comments to clarify the condition.

<b><u>Musculo-Skeletal</u></b>	<b><u>Digestive</u></b>	<b><u>Skin</u></b>
Headaches	Indigestion	Rashes
Joint stiffness/swelling	Constipation	Allergies
Spasms/cramps	Intestinal gas/ bloating	Athlete's foot
Broken/Fractured bones	Diarrhea	Acne
Strains/Sprains	Irritable bowel syndrome	Impetigo
Back, hip pain	Crohn's Disease	Hemophilia
Shoulder, neck, arm, hand pain	Colitis	<b><u>Other</u></b>
Leg, foot pain	Other: _____	
Chest, ribs, abdominal pain		
Problems walking	<b><u>Nervous System</u></b>	Loss of Appetite
Jaw pain/TMJ		Depression
Tendonitis		Difficulty concentrating
Bursitis	Numbness/tingling	Hearing Impaired
Arthritis	Fatigue	Visually Impaired
Osteoporosis	Sleep disorders	Diabetes
Scoliosis	Ulcers	Fibromyalgia
Other: _____	Paralysis	Post/Polio Syndrome
<b><u>Circulator/Respiratory</u></b> High blood pressure	Herpes/shingles	Cancer
	Cerebral Palsy	Tuberculosis
Low blood pressure	Epilepsy	Other: _____
Dizziness	Chronic Fatigue Syndrome	
Shortness of breath	Multiple Sclerosis	
Fainting	Muscular Dystrophy	
Cold feet or hands	Parkinson's Disease	
Cold sweats	Other: _____	
Stroke	<b><u>Reproductive System</u></b>	
Heart condition		
Allergies		
Asthma	Pregnancy	
Other: _____	mo.	

I understand that a massage Therapist does not diagnose disease, illness, or prescribe any treatment or drugs, nor do they provide spinal manipulation. I understand that draping will be used at all times (if applicable) and that breast massage will not be administered on female clients. I understand that if I become uncomfortable for any reason that I may ask the Therapist to end the massage session, and they will end the session. I understand that the massage Therapist may end the session for any inappropriate behavior. I have stated all of the conditions that I am aware of, and this information is true and accurate. I will inform the therapist of any changes in my status.

Client's signature \_\_\_\_\_

### **Consent for Therapy and Waiver of Liability**

The undersigned ("Client") hereby freely consents to receipt of massage services from:  
**CATA NYC Thai Massage Clinic.**

Client agrees as follows:

Client understands and agrees that they will provide the Therapist with complete and accurate health information, and a written referral from Client's primary healthcare provider if Client is currently receiving care or has a specific medical condition or symptoms for which Client takes medication or receives periodic evaluations or treatment. Client understands that massage therapy is designed to be an ancillary health aid and is not suitable for primary medical treatment for any condition.

1. Client and Therapist will discuss the potential benefits and possible side effects of massage therapy and agree upon a course of focused attention and manual therapy for the predetermined goals of stress reduction, relief of muscular discomfort, and/or promotion of general health. Client has been given an opportunity to ask questions of the Therapist and has received all requested information.
2. Client understands that the unclothed body will be draped at all times for warmth, sense of security, and as a mark of massage therapy professionalism. Client agrees to immediately inform the Therapist of any unusual sensation or discomfort so that the application of pressure may be adjusted to Client's level of comfort. Client understands that massage therapy is not sexual in any manner and that any illicit or suggestive remarks or behavior on the client's part will result in an immediate termination of the therapy session. Client understands that if the session is terminated for such reason, payment will be expected in full; regardless if the massage is completed or not.
3. Client hereby assumes full responsibility for receipt of the massage therapy, and releases and discharges Therapist from any and all claims, liabilities, damages, actions, or causes of action arising from the therapy received hereunder, including, without limitation, any damages arising from acts of active or passive negligence on the part of the Therapist, to the fullest extent allowed by law.
4. Client, in signing this consent for Therapy and Waiver of Liability ("Consent"), understands and agrees that this Consent will apply to and govern the current and all future therapy sessions performed by Therapist

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Client Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Massage Therapist Signature

\_\_\_\_\_  
Massage Therapist Printed Name

\_\_\_\_\_  
Date





I hereby consent to the participation in interviews, the use of quotes, the taking of photographs and the making of audio only or audiovisual recordings of the individual named above by the Center for the Advancement of Therapeutic Arts, Inc. (CATA) for the Thai Massage Classes, Thai Massage clinic, and all Thai Massage events presented by CATA.

I also grant to CATA the right to edit, use, re-use, publish, re-publish, reproduce and distribute said products for non-profit purposes, including use in print, on the internet, and all other forms of media now known or hereinafter invented, in perpetuity. In addition, I agree that, as between CATA and me, the photographs and audio recordings, audiovisual recordings showing my image, including the copyrights therein, shall be the sole property of CATA. I also hereby release CATA and its agents and employees from all claims, demands, and liabilities whatsoever in connection with above uses.

Please check one of the following choices:

- I GRANT permission for my name/photo/image and all other personal identifiers to be published on the public Internet site and any other form of print/electronic media and/or print/electronic outlet.
- I GRANT permission for my name only (no image) to be published in all media outlets as in the above.
- I GRANT permission for my image only (no name) to be published in all media outlets as in the above.
- I DO NOT GRANT permission for the use of my name/image in any print or electronic media, including the Internet.

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Name

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Address

Phone

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Witness for the undersigned

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Signature

Date