

PARENT/GUARDIAN RELEASE FORM  
& CLIENT HEALTH HISTORY

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

Parent/Guardian First Name: \_\_\_\_\_

Parent/Guardian Last Name: \_\_\_\_\_ (“Guardian”)

Guardian Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Guardian Phone: \_\_\_\_\_

Client First Name: \_\_\_\_\_ Client Last Name: \_\_\_\_\_ (“Client”)

Client Date of Birth: \_\_\_\_\_

Has the Client ever had a massage? Yes No If so, when was Client’s last massage  
\_\_\_\_\_

Is Client allergic to any lotions or perfumes? Yes No If so, please specify \_\_\_\_\_

Is Client allergic to any nut oils or avocado oil? Yes No

Client Surgeries and Dates: \_\_\_\_\_  
\_\_\_\_\_

Client Injuries and Dates: \_\_\_\_\_  
\_\_\_\_\_

Client Car Accidents and Dates: \_\_\_\_\_  
\_\_\_\_\_

Client Internal wires, pins, rods, artificial joints or special equipment: \_\_\_\_\_  
\_\_\_\_\_

Is Client currently under the care of a physician or mental health care provider? Yes No If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Current medications and/or supplements Client is taking, and those taken in the past 24 hours:  
\_\_\_\_\_  
\_\_\_\_\_

Please check any current or past Client health conditions listed below.

- |   |   |
|---|---|
| <input type="checkbox"/> phlebitis                                | <input type="checkbox"/> contagious skin condition  |
| <input type="checkbox"/> deep vein thrombosis/blood clots         | <input type="checkbox"/> open sores or wounds       |
| <input type="checkbox"/> joint disorder/rheumatoid                | <input type="checkbox"/> easy bruising              |
| <input type="checkbox"/> arthritis/osteoarthritis/tendonitis      | <input type="checkbox"/> recent accident or injury  |
| <input type="checkbox"/> osteoporosis                             | <input type="checkbox"/> recent fracture            |
| <input type="checkbox"/> epilepsy                                 | <input type="checkbox"/> recent surgery             |
| <input type="checkbox"/> headaches/migraines                      | <input type="checkbox"/> artificial joint           |
| <input type="checkbox"/> cancer _____                             | <input type="checkbox"/> sprains/strains            |
| <input type="checkbox"/> diabetes                                 | <input type="checkbox"/> current fever              |
| <input type="checkbox"/> decreased sensation                      | <input type="checkbox"/> swollen glands             |
| <input type="checkbox"/> back/neck problems                       | <input type="checkbox"/> allergies/sensitivity      |
| <input type="checkbox"/> Fibromyalgia                             | <input type="checkbox"/> heart condition            |
| <input type="checkbox"/> TMJ                                      | <input type="checkbox"/> high or low blood pressure |
| <input type="checkbox"/> carpal tunnel syndrome                   | <input type="checkbox"/> circulatory disorder       |
| <input type="checkbox"/> tennis elbow                             | <input type="checkbox"/> varicose veins             |
| <input type="checkbox"/> pregnancy If yes, how many months? _____ | <input type="checkbox"/> atherosclerosis            |

Please explain any items checked above or any conditions not listed: \_\_\_\_\_

I, Guardian of Client, understand that the massage Client is about to receive is provided for the basic purpose of relaxation and relief of muscular tension. Guardian further understand that **massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that Client should see a physician or other qualified medical specialist for any mental or physical ailment that Client and/or Guardian is aware of. Guardian understands that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of a session should be construed as such.** Because massage should not be performed under certain medical conditions, Guardian affirms, on behalf of Client, that Guardian has stated all known medical conditions of Client. Guardian agrees to keep the therapist updated as to any changes in Client's medical profile and understands that there shall be no liability on the therapist's or Eastern Sun Therapeutics LLC's ("EST") part should Guardian fail to do so. *Certain medical conditions require prior physician/psychotherapist approval and EST reserves the right to refuse services, in its sole discretion, until such consent is received.*

All health information provided to EST is confidential and subject to HIPAA regulations. Health information will not be disclosed without Guardian's prior written consent.

***Clients 17 years and under, and mentally impaired clients, must be accompanied by Guardian during the entire session.***

**Harassment:** EST adheres to strict professional guidelines of operation. Suggestive or sexual behavior of any sort will not be tolerated. In the event that this behavior is present, your massage therapist reserves the right to terminate the appointment immediately, to charge the full cost of the service scheduled, and to refuse to book future sessions. Harassment is a serious issue and will be treated as such.

\_\_\_\_\_  
Guardian Signature

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

\_\_\_\_\_  
Guardian Printed Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date