Client Consent Form

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This single form covers Massage Therapy, CS60, and Cupping. Review the CS60 and Cupping sections only if you are receiving those services. You sign only once, at the end.

General Applies to all services

1. About the Services

- These services are not medical treatment. The therapist does not diagnose, treat, or prescribe.
- The therapist holds a massage therapist license issued by the State of Colorado (Licensed Massage Therapist).
- Massage is provided to relieve muscle fatigue and tension, promote relaxation, and reduce stress. It may include gentle, light-touch techniques such as cranial therapy.
- You will be properly draped with sheets at all times, and only the area being worked on will be uncovered. The genital area is never touched or exposed.
- Results vary from person to person, and no specific outcome is guaranteed.

2. Health Disclosure

- Please complete the **Massage Health History Form** accurately, and tell the therapist before each session if anything has changed. The therapist is not responsible for harm resulting from information that was not disclosed or was disclosed inaccurately.
- **Services cannot be provided if you have:** a fever of 100.4°F (38°C) or higher; a condition requiring rest; an acute painful condition such as a sprain or muscle strain; an open wound or infection on the skin; or are in the unstable early stage of pregnancy or have just given birth.
- **Please consult your physician first if you have:** a malignant tumor; a current or past heart condition; are pregnant, may be pregnant, or are breastfeeding; or have reduced sensation due to diabetes or a similar condition.

Do you have a pacemaker or any other electronic device in your body? ☐ Yes ☐ No

Do you have any implants in your body, including the gums (metal, silicone, or other artificial material)? ☐ Yes ☐ No

If yes, type and location: _____

3. Changes After a Session

After a session, you may notice tiredness, changes in sweating or elimination, or mild soreness, redness, or discoloration in the treated area (occasionally blue or yellow-green). These usually resolve within a few days. Because judgment and concentration may be reduced afterward, please take care when driving. If you feel unwell, contact the therapist and seek medical care if needed. The risks of these services (including massage, CS60, and cupping) include, but are not limited to, superficial bruising, short-term muscle soreness, and aggravation of an undiagnosed injury.

4. Changing or Stopping a Session

- You may ask to change or stop the session at any time, for any reason.
- The therapist will decline or stop a session if your condition is not suitable, your disclosed information differs from your actual condition, you are under the influence of alcohol or drugs, or there is harassment of any kind.
- If you have symptoms of a contagious illness (cold, flu, gastroenteritis, contagious skin condition, etc.), please do not come in, and contact the therapist before your appointment.

5. Appointments and Cancellations

- Sessions begin exactly at the scheduled time, so please allow extra time to arrive. If you arrive late, the session will still end at the scheduled time, and the full fee will be charged.
- Please give 24 hours' notice to cancel. Cancellations within 24 hours are charged 50% of the service fee, and same-day cancellations or no-shows are charged 100%.

6. Privacy and Release of Liability

- Your health information and session records are kept confidential and will not be shared without your written permission, except as required by law.
- The therapist is not liable for damages arising from: illness or injury caused by false information or not following instructions; illness or injury caused by receiving services without consulting a physician when required; or superficial bruising, short-term muscle soreness, or aggravation of an undiagnosed injury.

CS60 Only if receiving CS60

IMPORTANT: CS60 cannot be used on areas with implanted electronic medical devices sensitive to electromagnetic interference, such as pacemakers, or medical devices that may be affected by magnetism, such as cerebrospinal fluid shunts. If this applies to you, please tell the therapist before your session.

CS60 is a service performed with a device used in place of finger pressure. It is provided to relieve muscle fatigue and tension and is not a medical treatment.

Please read each item and write your initials in the box on the left.

- [ ] There may be pain during or after the session. If it feels too strong, I will tell the therapist right away so the pressure or technique can be adjusted.
- [ ] Bruise-like discoloration, rash, stiffness, or swelling may appear in the treated area. Pain may appear the next day or later, and the area may turn blue or yellow-green. If I have concerns, I will contact the therapist within 1–2 days.
- [ ] To enhance the effect of the session, CS60 may be used around the chest area (below the collarbone, under the arms, etc.) and the groin area (hip joints, inner thighs, etc.).

Pressure preference: ☐ Standard ☐ Gentle ☐ Do not rub these areas: _____

Cupping Only if receiving Cupping

Cupping uses plastic or silicone cups that create suction on the skin and are left in place for a period of time. It is not a medical treatment.

Cupping may not be provided for the following conditions or areas:

- Thrombosis
- Bruising easily
- Infections
- Cancer
- Phlebitis or varicose veins
- Edema or lymphedema
- Bleeding disorders (including hemophilia)
- Injured areas or areas with a hernia
- Acute skin conditions, sunburn, rashes, or skin lesions
- Hematoma
- Reduced sensation
- Taking blood thinners (anticoagulants, etc.)

Please read each item and write your initials in the box on the left.

- [ ] Suction will leave cup marks (circular red to purple marks). They usually fade within a few days to about two weeks, but darkness and duration vary. I will keep this in mind if I have an event or plan to wear clothing that shows the treated areas.
- [ ] Skin irritation or blistering may rarely occur. I will tell the therapist right away if I feel any discomfort during the session.
- [ ] The contraindications above have been explained to me, and I have confirmed that none apply to me. If any do apply, I will tell the therapist before the session.

Today's Services and Signature

Today's services (check all that apply)

☐ Massage Therapy ☐ CS60 ☐ Cupping

I have read the General section and the sections for each service I checked. I understand and agree to them, and I consent to receive these services.

Date: _____ Signature: _____

Name (print): _____