



Resurrection Massage & Skin Care

William Sabbah, Licensed Therapist MT110003

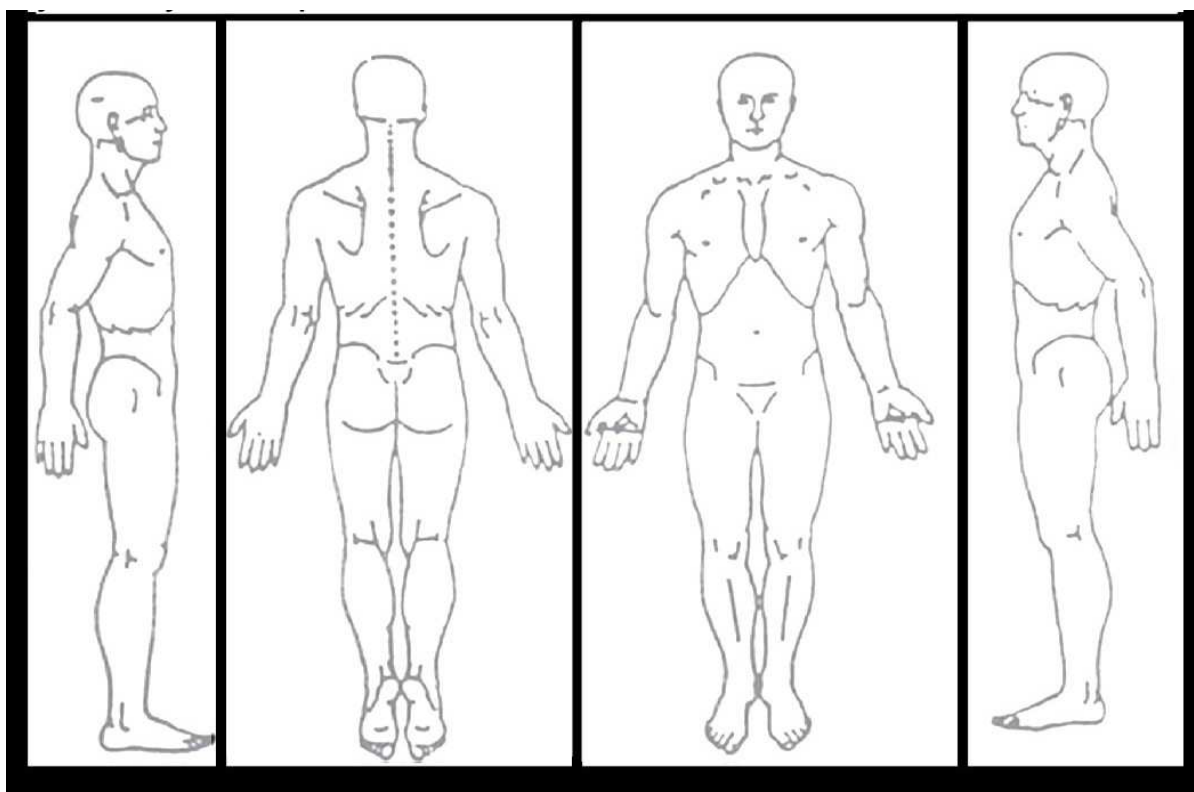
Confidential Consultation Document and Health Assessment Form

Name:	Birth date:		
Address:			
City:	State:	Zip:	
Email: <small>(junk mail is never sent and your address is not shared)</small>	Would you like to receive my massage updates and specials by email?		
Phone:	Cell Phone:		
Occupation:	Referred by:		
Emergency Contact:	Phone:		

Please check all that apply:	<input checked="" type="checkbox"/>	Please check all that apply:	<input checked="" type="checkbox"/>
Heart Trouble		Rash, skin irritation, skin disorder	
Respiratory problems or disorders		Migraines or headaches	
Diabetes		Dizziness or fainting spells	
Arthritis / Bursitis / Rheumatism		Neurological disorders	
Blood clot disorders		Spinal deviations	
Cancer		Osteoporosis or bone disorders	
Fever		High or Low Blood Pressure	
Any contagious illness		Varicose Veins	
Any alcohol in last 2 hrs		Bruises, cuts or open wounds	
Are you or do you suspect you may be pregnant?		Swollen tissue	
Are there any other medical conditions you have that are not listed above? Please Explain:			

Please list:	
Surgeries and/or accidents; include dates:	
Medications:	
Purpose of medications:	
Allergies, especially food allergies:	
Skin conditions:	
What has brought you to seek treatment today?	
Were you referred? If so, by whom?	
Comments:	

The Texas Administrative Code, Title 25, Part 1, Chapter 140, Subchapter H, Rule §140.304 states that this initial consultation document is required and that it must include the following information:	
A statement of the type of massage techniques to be used:	Swedish, deep tissue, trigger point, sports, and/or Esalen style massage, for relaxation and relief of muscle pain, and/or lymphatic drainage therapy for relief of minor edema, swelling, and water retention
The massage therapist will not perform breast massage on female clients without the written consent of the client.	For lymphatic drainage of sore or swollen breast tissue. If applicable, please discuss with me and sign here: I consent:
Draping will be used during the session, unless otherwise agreed to by both client and therapist.	“Draping” means that your body will be modestly covered by a sheet during the massage. If you do not wish to be covered by a sheet, please discuss with me and sign here: I consent:
A statement that if the client is uncomfortable for any reason, the client may ask the therapist to cease the massage, and the therapist will do so.	As therapist, I also reserve the right to terminate the session in the event of any sort of abusive behavior from the client. If client misbehavior should result in an abbreviated session, the client will be expected to render full payment.
The parts of the clients body that will be massaged or the areas of the clients body that will be avoided during the session, including indications and contraindications.	On the chart below, please ./ Place an X any areas to be avoided and ./ Place a CIRCLE on areas that need extra attention . ./ Place a “T” where you are ticklish .



I am aware that the massage therapist does not diagnose illness or disease, does not prescribe medications, and that spinal manipulations are not part of massage therapy. I understand that massage therapy is not a substitute for medical treatment or medications and that it is recommended that I concurrently work with my Primary Caregiver for any conditions that I may have.

I have read and agree to the above.

Consent to Treatment of Minor: By my signature below, I hereby authorize to administer massage, bodywork, or somatic therapy techniques to my child or dependent, as they deem necessary. Per the Therapist request, an adult may be required to be present during the session.

Signature of Parent or Guardian _____ Date: _____

Client Signature:	Date:
<i>William M. Sabbah MT110003</i>	Date: