

**Welcome to The Rub**

*Please take a few minutes to complete the following client information sheet and agreement and release of liability.*

NAME		PHONE NO. (WORK)	
ADDRESS		PHONE NO. (HOME/CELL)	
CITY, STATE, ZIP		EMAIL	
HOW DID YOU HEAR ABOUT THE RUB?			

**HEALTH QUESTIONNAIRE**

**FOR MESSAGE PATRONS:** Have you received a professional massage before? Yes / No

**If there are any areas of your body that you DO NOT want massaged, please indicate here \_\_\_\_\_**

**FOR YOGA PATRONS:** Have you previously practiced yoga before? Yes / No If yes, please list type and extent. \_\_\_\_\_

**DISCLAIMER:** The Rub will not be held liable for any injury or condition that arises from application of massage despite completion of this form. The form is intended only as an assessment tool that is routinely used in the massage profession and serves as a guide for application of massage.

**Please circle any condition(s) that you have now or have experienced in the past. Please add comments to clarify (as necessary).**

<ul style="list-style-type: none"> <li>• Anemia</li> <li>• Asthma</li> <li>• Bladder infection</li> <li>• Boils</li> <li>• Brain injury</li> <li>• Breast Cancer</li> <li>• Broken or fractured bones</li> <li>• Bruise easily</li> <li>• Burns</li> <li>• Bursitis</li> <li>• Cancer (specify: _____)</li> <li>• Carpal tunnel syndrome</li> <li>• Chronic Fatigue Syndrome</li> <li>• Cirrhosis</li> <li>• Clotting disorders</li> <li>• Cold/flu/fever (Currently)</li> <li>• Cramping, spasms, soreness</li> <li>• Diabetes</li> <li>• Difficulty with prolonged stance</li> <li>• Eczema</li> <li>• Edema</li> <li>• Emphysema</li> </ul>	<ul style="list-style-type: none"> <li>• Fibromyalgia</li> <li>• Fungal infections</li> <li>• Gallstones</li> <li>• Headaches</li> <li>• Heart disease/condition</li> <li>• High Blood Pressure</li> <li>• Hodgkin's disease</li> <li>• Hypo/Hyperthyroidism</li> <li>• Insomnia</li> <li>• Irritable Bowel Syndrome</li> <li>• Leukemia/lymphoma</li> <li>• Loss of motion or mobility</li> <li>• Low Blood Pressure</li> <li>• Lupus</li> <li>• Multiple Sclerosis</li> <li>• Numbness/tingling</li> <li>• Osteoarthritis</li> <li>• Ovarian cysts</li> <li>• Pelvic Inflammatory Disease</li> <li>• Persistent pain</li> <li>• Phlebitis</li> <li>• Pregnant (current)</li> </ul>	<ul style="list-style-type: none"> <li>• Psoriasis</li> <li>• Rashes</li> <li>• Reduced sensation</li> <li>• Reflux</li> <li>• Rheumatoid Arthritis</li> <li>• Scars</li> <li>• Seizure disorder</li> <li>• Sinus problems</li> <li>• Skin allergies</li> <li>• Skin Cancer</li> <li>• Spinal cord injury</li> <li>• Strains, sprains, tendonitis</li> <li>• Stroke</li> <li>• Thoracic outlet syndrome</li> <li>• TMJ dysfunction</li> <li>• Unable to comfortably lie on both sides</li> <li>• Varicose Veins</li> <li>• Medications Currently Being Taken:</li> <li>_____</li> <li>_____</li> <li>• Other: _____</li> <li>_____</li> </ul>
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**PLEASE READ THE FOLLOWING INFORMATION. IF YOU HAVE ANY QUESTION, PLEASE ASK TO SPEAK WITH THE MANAGER. THANK YOU.**

Please note that The Rub hires only licensed and/or registered massage therapists and experienced yoga professionals. Please ask the manager on duty if you would like to see proof of the license, permit or credentials of your therapist or instructor. Additionally, if at any time, you have questions, comments or complaints about your therapist or instructor, please bring it to the attention of the manager on duty immediately. We will take appropriate steps to immediately address your concerns. For massage patrons, please note that at no time will any genital areas or breasts be exposed or massaged, and appropriate draping will be utilized to insure your discreet, comfortable treatment. **If, at anytime during the session, you feel uncomfortable, you should ask your therapist to end the session and advise the manager on duty.**

**AGREEMENT AND RELEASE OF LIABILITY**

It is your responsibility to inform the therapist/instructor of any pre-existing conditions, limitations or specific sensitivities or anything that may be relevant to your session. You must inform your therapist/instructor if at any time during the session you feel discomfort or unease. You should also ask your therapist/instructor to adjust the level of pressure or activity if you feel it is warranted or if you feel discomfort or unease. You understand that massage therapy does not diagnose illness or disease or any other disorder and is not a substitute for medical examinations or medical care. You understand and voluntarily accept any risks relating to your session at The Rub and have been allowed the opportunity to ask any questions you have, including those relating to the inherent risks associated with your session. You hereby release and hold harmless The Rub LLC (including its employees, owners, managers, members, affiliates, practitioners, contractors, agents and insurers) from any and all liability for any injury or harm, including without limitation, personal, bodily or mental injury, economic loss, or damage resulting from your session at The Rub (including, without limitation, your failure to disclose any pre-existing condition, limitation or specific sensitivities or the failure to inform your therapist or instructor of any discomfort during the session, as well as any and all other liabilities that may legally be released). Your therapist/instructor may determine that it is unsafe to proceed with or continue any session due to health-related concerns. In this event, you may be required to provide The Rub with a physician's medical release prior to continuing any future sessions.

I understand that this agreement and release of liability applies to this and any and all future sessions or dealings that I may have with The Rub.

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

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

**IF AT ANY TIME, YOU ARE UNCOMFORTABLE OR DISPLEASED WITH THE SERVICE, PLEASE ASK TO SPEAK TO THE MANAGER IMMEDIATELY.**