



# Professional Student Massage Client Application

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

Street Address: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

I am at least 16 years of age: Yes / No

Would you be interested in a **free** health evaluation from a natural health student? Yes / No  
(this is part of the student curriculum and will be scheduled like the massage labs – regular cost is \$99)

As a professional school for Natural Health, Massage, Bodywork Therapy, and Holistic Doulas, we are looking for *Professional Student Massage Clients* to assist our students in their learning process. To give our students a “**real life**” experience in their field, we need clients of all shapes, sizes, ages, and abilities.

Not only does it help our students and staff to have you as part of this process, it is an amazing experience for you. It’s a perfect way to introduce yourself to new therapies, relax, and help a student on their path to success; all for only \$20!

However, there are a few requirements that you must meet in order to qualify to be a Professional Student Massage Client. Please **read carefully and initial** each of the following to verify that you meet the requirements and sign the form on the reverse side to be considered.

**As a Student Client:**

- \_\_\_\_\_ I agree to pay a **\$20** non-refundable fee prior to the appointment. *This fee is used as a donation to our non-profit Naturopathic Community Center, which allows us to provide these and other services.*
- \_\_\_\_\_ I agree to show up for my scheduled appointment at least **ten** minutes early.
- \_\_\_\_\_ I agree to turn my cell phone **OFF** and to **not eat** during the therapy.
- \_\_\_\_\_ I agree to receive therapy from any student, regardless of gender.
- \_\_\_\_\_ I acknowledge that I can climb a flight of stairs.
- \_\_\_\_\_ If I must cancel my appointment, I agree to do so **at least 48 hours in advance** (or as soon as possible in an emergency situation).
- \_\_\_\_\_ I acknowledge that two cancellations or a No Call No Show will cause me to be removed from the Professional Student Massage Client List.
- \_\_\_\_\_ I acknowledge I am not allowed to bring my children and leave them unattended during my session.
- \_\_\_\_\_ I acknowledge I will need to disrobe (in privacy) to my underwear for certain therapies. No swimming suits or exercise attire allowed.
- \_\_\_\_\_ I acknowledge that tipping the student for their time and effort is encouraged and appreciated, but not required.
- \_\_\_\_\_ I acknowledge that sometimes students have unforeseen circumstances that prevent their attendance. Every effort will be made to notify you as early as possible if this occurs. In the rare instance a student is unable to attend a session, I agree not to show anger/frustration toward the “bearer of bad news.”
- \_\_\_\_\_ I understand that **student therapists are assigned to clients by the instructor prior to my arrival**, and my attendance is necessary in order for the student to complete their required hours.
- \_\_\_\_\_ I understand that student therapists are applying overall health practices for the assigned lab, and that they are not tailored to individuals (though students may inquire about areas of concern).





### STUDENT MASSAGE CLIENT INFORMATION SHEET

Today's Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Name (print clearly) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Birthdate: \_\_\_\_\_ (circle one) Male or Female

Emergency Contact Person \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any herbs, vitamins, minerals, or other supplements you take: \_\_\_\_\_  
\_\_\_\_\_

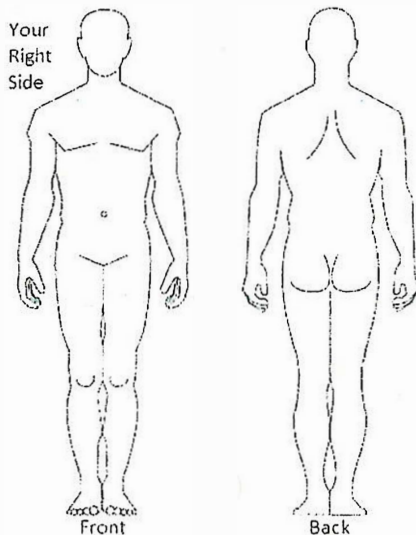
#### Current Medication(s)

<u>Name</u>	<u>For what?</u>	<u>How long taking it?</u>
_____	_____	_____
_____	_____	_____

#### Please check whatever applies to your history from the list below:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Accident                 | <input type="checkbox"/> Sprains or Strains  | <input type="checkbox"/> Heart Problems      |
| <input type="checkbox"/> Headaches                | <input type="checkbox"/> Seizures            | <input type="checkbox"/> Chronic Indigestion |
| <input type="checkbox"/> Whiplash                 | <input type="checkbox"/> Abdominal Pain      | <input type="checkbox"/> Dentures            |
| <input type="checkbox"/> Backaches                | <input type="checkbox"/> Stress              | <input type="checkbox"/> IUD or Implant      |
| <input type="checkbox"/> _____ Low Back           | <input type="checkbox"/> Allergies           | <input type="checkbox"/> Mental Illness      |
| <input type="checkbox"/> _____ Mid Back           | <input type="checkbox"/> Surgeries           | <input type="checkbox"/> Pregnant            |
| <input type="checkbox"/> _____ Disc Problem       | <input type="checkbox"/> Breast Augmentation | <input type="checkbox"/> Muscle Problems     |
| <input type="checkbox"/> Neck Pain                | <input type="checkbox"/> Varicose Veins      | <input type="checkbox"/> Asthma              |
| <input type="checkbox"/> Swollen / Painful Joints | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Gas / Bloating      |

#### Please indicate areas of discomfort:



Please read the following and sign below:

Bodywork Therapists work outside the parameters of licensed medical professionals and do not diagnose or prescribe for diseases. Suggestions may be given; the client may or may not choose to follow these suggestions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*Please fill out and sign both sides of form**



STUDENT MASSAGE CLIENT INFORMATION SHEET

STUDENT MASSAGE CLIENT RULES

*Please read carefully and sign.*

1. I understand my therapist is a student and this is part of their training. I am volunteering for therapy and I am not aware that I have any conditions that should keep me from receiving this therapy and consider myself to be in good physical condition. I give the student my permission to discuss any part or all of my session within the context of classroom discussion.
2. I understand this therapy is done in a classroom setting with multiples students, each working on a client. I will give the instructor, the student therapists, and the other volunteers respect and keep my comments and conversations to a minimum during the massage.
3. The client will be given privacy to disrobe and will be modestly draped at all times. You are required to leave on your briefs/panties, which can limit the work done on the low back and legs.
4. It is the responsibility of the client to keep the massage therapist informed of all current medical treatments and/or conditions. Written permission is needed from the physician, chiropractor, physical therapist, etc., to the massage therapist that massage may be continued in instances of contraindications.
5. The client is responsible for practicing proper hygiene and a state of cleanliness at the time of the appointment.
6. If, in the opinion of the massage therapist or instructor, the client is under the influence of drugs or alcohol, the appointment will be cancelled.
7. Sexual advances, verbally or physically, will not be tolerated, and the session will end immediately. The fee for the session will not be refunded. Further, we will not refer you to another therapist or allow your return for any future therapies.

I have read and understand the above information. All medical conditions I am aware of are listed below:

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\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*