**For Massage**

It is a requirement by law that the potential dangers and risks of massage therapy be provided by practitioners upon consultation. The side effects of massage are considered rare, although this area is not well studied. Temporary discomfort, skin bruising and swelling of massaged tissues can at times be expected. Potential dangers may include broken bones, nerve and/or tissue damage and allergies to the massage oils.

Conditions that may be contra-indicated in massage include:

* + Deep vein thrombosis (a blood clot in a deep vein)
  + Bleeding disorders or blood thinning medication (such as Warfarin)
  + Damaged blood vessels
  + Weakened bones from osteoporosis, a recent fracture, or cancer
  + Fevers
  + Recent surgery
  + Open or healing wounds
  + Damaged nerves
  + Infections or acute inflammation
  + Inflammation from radiation treatment

If you have one or more of the following be sure to have consent from your healthcare provider before having a massage

* + Pregnancy
  + Cancer
  + Fragile skin, as from diabetes or a healing scar
  + Heart problems
  + Dermatomyositis (a disease of the connective tissue)

I verify that I have read and understand the potential risks/ dangers of massage therapy. I understand that massage therapists do not diagnose conditions or treat them medically. I acknowledge that massage is not a substitute for medical examination, diagnosis or treatment, and that it is recommended that I see a physician for these services. I affirm that I have stated all my known medical conditions and agree to take it upon myself to keep the massage therapist updated on my health and wellbeing and I understand that there shall be no liability on the practitioners part should I fail to do so.

Client’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Privacy Act 1988 (Commonwealth)**

This Centre complies with the above act; information provided by you is collected with a view to helping you with your health concerns. It will never be disclosed to any third parties or organisations without your permission, other than required by our professional advisors (eg. Insurers – with your consent) or required by law.

We require and appreciate your permission to:-

1. Contact you, either by post, fax, email telephone/mobile or otherwise. To keep you abreast of news, developments and activities in our Centre, you will be placed on our contact list. This may include sending your newsletters, news items, notifications of changes to our practice hours and procedures, informing you of other therapies offered in this Centre and any upcoming events, activities etc. Additionally, we may contact you in relation to your care.
2. Share your health information with other practitioners within this Centre (Healthyself). This may avoid necessary duplication of paperwork, and help achieve superior results when utilising our intergrated therapies to reach your health goals.

Client Signature.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_