VIVE
studios

HEALTH QUESTIONNAIRE

Name & Surname_____

Date of Birth _____ **Occupation** _____

Address _____

Cell no. _____ **E-mail**_____

Next of kin _____ **Cell no.** _____

PLEASE READ BELOW, VERY IMPORTANT!!!

**If you have a specific medical condition or symptom, receiving or performing massage may be contra-indicated or require modification to the massage technique or area massaged. A referral from your primary care provider may be requested prior to receiving or performing massage if some of the below conditions apply to you. It is your responsibility to inform your therapist should anything in your health change from 1 visit to a next. If you are under the age of 16 your parent or legal guardian must be present at all times during the massage.*

ALL PAYMENTS FOR TREATMENTS MUST BE SETTLED IMMEDIATELY. ON ACCOUNTS

Please indicate if you are experiencing or have a past experience of any of the following medical conditions:

Phlebitis	☐	Deep vein thrombosis	☐
Rheumatoid Arthritis	☐	Osteoarthritis	☐
Tendonitis	☐	Osteoporosis	☐
Epilepsy	☐	Migraines	☐
Cancer	☐	Diabetes	☐
Back/neck problems	☐	Haemophilia	☐

Please give more details if any of the above apply:

_____

Please check any condition below that currently apply to you:

Contagious skin condition	☐	Open sore/wounds	☐
Easy bruising	☐	Recent accident/injury	☐
Recent fracture	☐	Recent surgery	☐
Artificial joint	☐	Sprains/Strains	☐
Pregnant	☐	Swollen glands	☐
Allergies	☐	Heart conditions	☐
High or low blood pressure	☐	Circulatory disorder	☐
Varicose veins	☐	Atherosclerosis	☐
Prescribed medication	☐	Glaucoma	☐

Please give more details if any of the above apply:

_____

Please indicate if there is anything else your therapist might need to know pertaining to your health or that might influence your treatment with us:

_____

_____

Particulars of person to be massaged or parent/legal guardian

I the below signed person agree that to the best of my knowledge all the above information pertaining to me is correct.

Name and Surname (Print)_____

Date _____ Signed At(Location) _____

Signature _____

P.T.O to continue to Consent Form

VIVE STUDIOS

Consent for Therapy and Waiver of Liability

I, _____ confirm that I understand the following terms and conditions pertaining to my treatment at Vive Studios.

As the person named above, I understand that the treatment I receive is provided for the basic purpose of relief from muscular tension and soft tissue discomfort related to work and training schedules. If I experience any pain or discomfort during the session, I will immediately inform the therapist so that the treatment may be adjusted to my level of comfort.

I further understand that treatments at Vive studios should not be construed as a substitute for medical examination, diagnosis or treatment and that I should see a physician or other qualified medical specialist for any mental or physical ailment that I am aware of.

I understand that the Vive therapist are not qualified to diagnose, prescribe or treat any physical or mental illness and that nothing said in the course of the session should be construed as such.

Because massage & inversion therapy should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep my therapist updated as to any changes in my medical profile and understand that there shall be no liability on Vive studios or the therapists part, should I fail to do so.

In the case of the client being under the age of 16, the parent or legal guardian must be present at all times during the massage.

I UNDERSTAND THAT I AM LIABLE FOR THE FULL FEE EVEN IF I CANCEL MY SESSION PREMATURELY.

I UNDERSTAND THAT THE THERAPIST HOLDS THE POWER TO RESERVE THE RIGHT OF WORK.

I UNDERSTAND THAT I INDEMNIFY, VIVE STUDIOS AND ITS OWNERS, THEIR MASSAGE THERAPISTS AND THE PROPERTY WHERE THE TREATMENT IS PERFORMED FROM ANY LOSS OR INJURY THAT MAY OCCUR AS A RESULT OF A VISIT TO VIVE STUDIOS

Signature _____

Date Signed _____