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Joe R. Campbell BS, LMT, LMTI, CEP

## CLIENT INITIAL CONSULTATION FORM

**As of March 19, 2001, new administrative rules and regulations went into effect regarding Massage Therapy in Texas. Title 25, Texas Administrative Code, Chapter 141, has been amended. Due to these modifications, it is now required that clients read and sign this form prior to the first massage session.**

- A.) The type of massage that I perform is a combination of the following techniques: Myofascial Therapy as taught by Dr. Jeff Rockwell of Parker Chiropractic College, Deep Tissue massage called Myopractic taught by Robert Petteway, The Myokinesthetic System taught by Dr. Michael Uriarte, Vibracussor Percussion Therapy, British Sports Therapy Soft Tissue Release taught by Stuart Taws, Trigger point Therapy and BodyTalk.
- B.) The indications for massage are stress, pain in the muscles, muscle soreness, muscular spasms, pain in the joints, pain in the hands or feet, and headaches.
- C.) The contraindications for massage are abnormal body temperature, acute infectious disease, inflammation, osteoporosis, varicose veins, blood clots, edema, high blood pressure, cancer, intoxication, skin problems, hernia, and some diseases (please discuss your health with me if you have any of these conditions.)
- D.) I will be working on the following areas of your body: back, legs, arms, hands, feet, head and shoulders.
- E.) Draping will be used at all times during the massage unless agreed upon by both parties.
- F.) If you are a female and breast massage is necessary and you would like to include it as a part of your massage, please sign the consent below.
- G.) If for any reason you feel uncomfortable during the massage, you may ask me to cease the massage, and I will end the session immediately.
- H.) If at any time you have questions please let me know and I will answer all of them that I can.
- I.) If you experience pain during the massage session, please let me know so I can adjust the technique.
- J.) If a cancelation is necessary, appointments must be canceled at least 24 hours in advance, otherwise full payment for the missed appointment will be expected before the next appointment.

(Print name) \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**For Females**

I give my consent to allow breast massage (signature) \_\_\_\_\_

Joe R. Campbell BS, LMT, LMTI, CEP \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_



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