



## Medical History

If you are receiving massage from Your Wizard Massage as support of any medical condition such as cancer, TMJ, whiplash, insomnia, surgery or stroke and/or prevention of any health condition such as arthritis, migraines, chronic pain, blood clots, diabetes or seizures, for example, please request, fill out and attach the Your Wizard Massage Extended Medical Intake Form.

By signing your name and marking today's date you agree to the following:

- I understand that although massage can be very therapeutic, relaxing and can reduce muscular tension, it is not a substitute for medical examination, diagnosis, care and/or treatment.
- I understand that this is a therapeutic massage and any sexual remarks or advances will terminate the session at full cost without refund.
- Being that massage should not be done under certain medical conditions, I affirm that I have answered all questions pertaining to all medical conditions truthfully and have informed Reworks Massage and Tech LLC/Your Wizard Massage/Cori Tate Barker, LMT of any and all medical conditions, especially those that are contraindicated (will be worsened by massage).
- I understand my responsibility to communicate:
  - Discomforts such as, but not limited to, pressure, temperature, draping, music, conversation.
  - Changes in medical conditions.
  - Expectations for the session and during the session.
- I hereby for myself, my heirs, administrators and assignees, waive and release any and all rights and claims of damages that may hereafter accrue to me, or which I have against Reworks Massage and Tech LLC/Your Wizard Massage or Cori Tate Barker, LMT for all and any injury, loss, pain and suffering, and damages suffered by me during the course of or in any way connected to any and all massage therapy sessions, past, future and present.

Signature: \_\_\_\_\_ Date     /     /      
mm dd yyyy

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