

## Guidelines for Chair Massage

The following guidelines were developed for ABMP members who demonstrate their techniques to the general public. ABMP hopes you apply these guidelines to your chair massage demonstration, as well as in your own practice. ABMP recommends you familiarize yourself with the following six steps before you begin your volunteer or demonstration session. Members are advised to have all individuals complete the intake form before receiving a massage.

1. Have the individual complete the intake form and collect it. Place your initials in the box at the bottom of the form.
2. Review the intake form to confirm that the individual has provided his/her name and if the individual is suffering from any ailment. Mark the appropriate box under PEC (preexisting condition).
3. If the individual has marked "yes," make sure the two subsequent questions have been answered.
4. If the individual refuses to answer any question other than "age," or won't sign the disclaimer statement, politely refuse to proceed with the massage.
5. If the individual has a pre-existing condition, do not attempt to treat the problem if she is under a doctor's supervision or undergoing treatment.
6. Once the form is complete, you may proceed with the massage.

### Client Information and Release

Thank you for your interest in massage, bodywork, and somatic therapies. Please fill out the information below and give your completed form to the massage practitioner.

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Are you currently suffering from any ailment that could be affected by today's massage?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

If yes, are you currently under a doctor's supervision for this ailment?

Yes  No

Please read the following statement, then sign and date below to indicate that you have read and understand the statement.

**The practitioner whose signature appears below is not responsible for the aggravation of conditions that were present, but not disclosed, at the time of the massage and which may be affected by the massage.**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### FOR MESSAGE THERAPIST USE ONLY

Name: \_\_\_\_\_ PEC  Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_