

Martha Binz, LMT CCT
Massage & Cupping Therapist
TDLR MT#029906

200 S 14th St., Ste 170
Midlothian TX 76065
972-998-0556

Type of Massage you are requesting. (circle below all that apply):

Swedish/Relaxation Deep Tissue Trigger Point Prenatal Lomi Lomi (Hawaiian)
Accupressure Cupping Bamboo Sports Facilitated Stretching

Areas of pain and tension _____

Areas to avoid (I do not work the breast or stomach) _____

Massage therapy is not a substitute for medical examination or diagnosis. It is recommended that I see a physician for any physical ailment that I may have. I understand that the massage therapist does not prescribe medical treatments or pharmaceuticals, and does not perform any adjustments. I am aware that if I have any serious medical diagnosis I must provide a physician's written consent prior to services.

The massage therapist will not perform breast massage on female clients without the written consent of the client prior to the massage session.

Draping will be used during the massage session unless otherwise agreed to by both client and therapist.

I the client is uncomfortable for any reason the client may ask to end the massage session and the session will be ended.

Client Name: _____
(Print Name)

Client Signature: _____ Date: _____
(Parent or Guardian if under the age of 17)

_____ **To be completed by the massage therapist** _____

Type of massage Technique to be used: _____

Parts of the body to be massaged (including indications and contraindications):

Therapist Signature: _____ Date: _____