Massage 4 Life by Kimberly Alvarado

Buccal Massage Addendum (Must Accompany Intake Form)

Name: _____ Date: _____

Contraindications that we need to discuss prior to your appointment:

- ☐ Any contraindications that are on the Initial Intake Form
- ☐ Active Cold Sores
- ☐ HIstory of Cold Sores
- ☐ Recent injuries or surgeries to the face, scalp, teeth, oral region or neck (some examples include: dental work, infections, cuts, etc.)
- ☐ Recent skin treatments (tattoos, microblading, laser treatments, high level exfoliation, or other treatments that make the skin more sensitive)
- ☐ Recent facial hair removal
- ☐ Botox or fillers less than 6 weeks ago
- ☐ Threads or fillers less than 6 months ago
- ☐ Cosmetic surgeries regardless of the date (need surgeon's approval)
- ☐ Pregnant or trying to conceive
- ☐ Cancer
- ☐ Epilepsy
- ☐ Acne (active or prone to)
- ☐ Thyroid Conditions
- ☐ Any skin irritation or sensitivity needed to be discussed

Explain any contraindications below:

Please initial the permissions that you give below. The massage can be done outside the mouth if that is your preference.

I give permission for intra-oral massage. _____

I give permission for intra-auricular massage. _____

I understand that I should inform my therapist if any part of the session becomes too uncomfortable. I understand that I should ask questions at any time if I do not understand what I am experiencing or why. I understand that the therapist is not an esthetician and cannot apply any products to "beautify" the skin. I understand that results are not guaranteed. I understand that it is recommended to have sessions no more than 10 days apart for the first 6 sessions. Monthly sessions are then recommended for maintenance. I understand that I may experience soreness post-massage.

Name: _____   Date: _____

Therapist: _____   Date: _____

————————————-To be filled out at the time of session————————————————-

The following contraindications were discussed:

These modifications were made:

We agree to this plan on _____and will modify it as needed.

Client: Therapist: