

Aromatherapy Consent Form



Check all that apply to you:

- ☐ Asthma
- ☐ Acute lung/Respiratory issues
- ☐ Photo toxicity
- ☐ Epilepsy
- ☐ Cardiac issues
- ☐ High blood pressure
- ☐ Low blood pressure
- ☐ Active cancer

Have you had aromatherapy before? _____

Complications? _____

Are you pregnant? _____

Are you breastfeeding? _____

Sensitivities/Allergies? _____

I have completed this Aromatherapy Consent Form to the best of my knowledge and agree that everything that I wrote is correct. I understand that Massage Therapy with Aromatherapy is not a substitute for medical examination or diagnosis. If I am having or develop any complications of Aromatherapy during the Massage Therapy session, I will make my Massage Therapist aware immediately. I hereby voluntarily release Daily Comfort Massage LLC and Tori Stelter from all claims, costs, demands, expenses, and causes of action should my condition/s be aggravated at any time. By signing below, I agree that I have read the information above and have decided to receive Massage Therapy sessions with Aromatherapy at my own risk.

Signature _____ Date _____