CYRENA

Informed Consent Form — Massage & Body Therapy

Full Body, Lymphatic Drainage, Maderotherapy & Couples **Risk level: Medium**

Services Covered

This consent form applies to: Signature Full-Body Massage (60 min) · Lower Body Massage · Upper Body Massage · Neck & Scalp Release · Couples Retreat Massage · Romantic Couples Experience · Lymphatic Drainage Massage · Maderotherapy Body Sculpting & Lymphatic Contouring · Aromatherapy Upgrade · Hot Stone Enhancement.

What to Expect

Massage services involve therapeutic manual manipulation of soft tissue, muscles, and fascia. Techniques include Swedish, deep tissue, lymphatic drainage, and maderotherapy (wooden tool body sculpting). Services may involve the use of essential oils, heated stones, or wooden instruments.

Risks & Considerations

Massage therapy is generally safe. The following conditions require therapist consultation before proceeding:

→ Deep tissue and maderotherapy techniques are contraindicated in clients with active inflammation, blood clots (DVT), or recent surgery.

→ Lymphatic drainage: not suitable for clients with active infection, congestive heart failure, or renal failure.

→ Hot stone: not suitable for clients with neuropathy, diabetes-related skin sensitivity, or cardiovascular conditions.

→ Aromatherapy oils: some essential oils may cause skin reactions. Clients with known essential oil sensitivities must advise their therapist.

→ Maderotherapy: involves firm pressure with wooden tools. Temporary bruising or redness may occur. Not suitable during pregnancy.

→ Temporary soreness 24–48 hours post-massage is normal, particularly after deep tissue or maderotherapy sessions.

Health & Medical Checklist

Health & Skin Question	Yes	No	If yes, please detail
Do you have any cardiovascular conditions (heart disease, high blood pressure, blood clots)?	☐ Yes	☐ No	Details: _____
Have you had surgery in the last 3 months?	☐ Yes	☐ No	Details: _____

Are you currently pregnant or breastfeeding?	☐ Yes	☐ No	Details: _____
Do you have any skin conditions, open wounds, or active infections?	☐ Yes	☐ No	Details: _____
Do you have a history of cancer? (lymphatic drainage requires medical clearance)	☐ Yes	☐ No	Details: _____
Do you suffer from osteoporosis or any bone/joint conditions?	☐ Yes	☐ No	Details: _____
Do you have diabetes or neuropathy (reduced skin sensitivity)?	☐ Yes	☐ No	Details: _____
Are you taking blood-thinning medication (warfarin, aspirin, heparin)?	☐ Yes	☐ No	Details: _____
Do you have a known allergy to essential oils, nut oils, or massage products?	☐ Yes	☐ No	Details: _____
Have you consumed alcohol within 4 hours of your appointment?	☐ Yes	☐ No	Details: _____
Do you have any areas of pain, injury, or sensitivity we should avoid?	☐ Yes	☐ No	Details: _____

Areas to Avoid

Please indicate on the body diagram below (or describe in writing) any areas your therapist should avoid or treat with extra care:

Areas to avoid / specific instructions:

_____

_____

Aftercare Acknowledgement

- Drink 1.5–2 litres of water following your massage to support toxin elimination.
- Avoid alcohol for 12 hours post-massage.
- Allow 24 hours of light activity following deep tissue or maderotherapy sessions.
- Mild bruising or redness after maderotherapy is normal and resolves within 48–72 hours.
- Contact us immediately if you experience any unusual pain, swelling, or discomfort post-session.

Photography & Social Media Consent

Cyrena Collective may wish to photograph or video the results of your service for use on our website, Instagram, and other marketing channels. This is always optional and your service will never be affected by your decision.

I consent to Cyrena Collective photographing/filming my results and using these images on social media and marketing materials. I understand my face may or may not be included, and I can withdraw this consent at any time.

I consent to photography of results only (e.g. hair, nails, lashes) — no face, no identifying features.

I do not consent to any photography or use of my image for marketing purposes.

CLIENT DECLARATION & SIGNATURE

I confirm that the information provided above is accurate and complete to the best of my knowledge. I understand the nature of the service(s) to be performed, the associated risks, and the aftercare requirements. I consent to the treatment proceeding on this basis.

This consent is required at your first massage service and must be renewed annually or whenever your health or medical circumstances change.

Client full name: _____

Date of birth: _____ **Date of consent:** _____

Signature: _____

Therapist: _____