PRIMORA
QUANTUM

Client Consent Form

Primora Quantum · Satoko Lorensen, LMT

Basic Consent

General Massage Therapy Consent — to be reviewed by every client

Dear Client,

This form explains the matters that apply to every service regardless of which one you receive, including the nature of our services, possible changes in how you feel after a session, and the health information we ask you to disclose, so that you can receive our services with peace of mind. Please read it carefully before signing, and be sure to ask our staff if anything is unclear.

Massage therapy is our core service. On request, we also offer CS60 or Slide Cupping, either as part of a massage session or as a separate service. This single form covers all three services. If you receive CS60 or Slide Cupping, please also review the page for that service (to avoid repetition, risks specific to each service appear only on that service's page). You sign only once, at the end.

1. Purpose and Nature of the Services

- Our services are not medical treatment. We do not diagnose, treat, or prescribe.
- The therapist holds a massage therapist license issued by the State of Colorado (Licensed Massage Therapist).
- Massage therapy is provided for general wellness, improved circulation, relief of muscle fatigue and tension, relaxation, and stress reduction.
- Massage therapy may include gentle, light-touch techniques such as cranial therapy.
- You will be properly draped with sheets at all times, and only the area being worked on will be uncovered. The genital area is never touched or exposed.
- Results vary from person to person, and the same results are not guaranteed for every client.
- Our services are not covered by health insurance.

☐ **I have reviewed the purpose and nature of the services.**

2. Possible Changes in How You Feel After a Session

Because our services promote circulation, you may notice temporary changes such as the following. These usually resolve on their own within a few days.

- Tiredness or sluggishness
- Changes in sweating or elimination
- Mild soreness or redness in the treated area, and occasionally blue or yellow-green discoloration

Please take particular note:

- After a session, tiredness may reduce your judgment or concentration. Please take extra care when driving, cycling, or doing anything that involves risk (using stairs, working at heights, operating machinery, etc.).
- Depending on the medications or supplements you take, the changes above may be stronger, or unexpected changes may occur.
- If you feel unwell during or after the session, please tell the therapist. If you feel unwell after returning home, please use your own judgment and seek medical care promptly.

☐ **I have reviewed the information and precautions about changes after a session.**

3. Disclosure of Your Health Condition

For your safety, please disclose the details in advance if any of the following apply to you. Primora Quantum is not responsible for any harm (such as illness or injury) resulting from information that was not disclosed or was disclosed falsely.

We cannot provide services if:

- You have a fever of 100.4°F (38°C) or higher
- Your condition requires rest
- You have an acute painful condition such as a sprain or muscle strain
- You have an open wound (cut, sore, etc.) or infection on the skin
- You are in the unstable early stage of pregnancy or have just given birth

You must consult your physician before your session if:

If any of the following apply, please consult your physician before using our services. If your physician does not approve, or if we judge the service to be difficult to provide safely, we may decline or modify the service.

- You have a malignant tumor
- You have, or have had, a heart condition
- You are pregnant, may be pregnant, or are breastfeeding
- You have reduced sensation due to severe peripheral circulation problems, such as from diabetes

Please be sure to tell us if:

If any of the following apply, please give us the details in advance. Depending on the situation, we may decline or modify the service.

- You have an illness currently being treated by a physician, or you are seeing a doctor regularly
- You are currently taking any medication (prescription or over-the-counter)
- You are currently taking any supplements
- You have had a serious illness or surgery in the past
- You have metal, silicone, or any other artificial material implanted in your body (including the gums)
- You have allergies (cosmetics, aroma oils, metals, food, or other)
- You have tattoos, permanent makeup, eyelash extensions, or similar
- You are concerned about your condition today, such as after drinking alcohol, feeling unwell, or lack of sleep
- You have any other health condition that makes you uneasy about receiving a session

Please answer:

Do you have a pacemaker or any other electronic device in your body?

☐ Yes ☐ No

Do you have any implants in your body, including the gums (metal, silicone, or other artificial material)?

☐ Yes ☐ No

If yes, please describe the type and location: _____

Your client information and health checklist are recorded on the separate Massage Health History Form. Please submit it together with this form.

☐ **I have reviewed the information about disclosing my health condition.**

4. Declining or Stopping a Session

To put your safety first, we may decline or stop a session based on your health condition or if any of the following apply:

- Your disclosed information differs from your actual health condition
- Your condition is judged to be unsuitable for the service
- There is drinking, intoxication, harassment of any kind, or other conduct contrary to common decency
- Providing a safe session is otherwise judged to be difficult

☐ **I have reviewed the information about declining or stopping a session.**

5. Studio Guidelines

- Sessions start and end at the scheduled time. If you arrive late, the session will still end at the scheduled time, and the full fee will be charged.
- There is no charge if you cancel at least 24 hours before your appointment.
- Cancellations within 24 hours of the appointment are charged 50% of the service fee.
- Same-day cancellations and no-shows are charged 100% of the service fee.
- Future appointments cannot be booked until any cancellation fee has been paid.
- We treat every client with respect and dignity and always honor personal and professional boundaries.
- If you have symptoms of a contagious illness (cold, flu, gastroenteritis, COVID-19, meningitis, shingles, contagious skin conditions, etc.), please do not come in, and contact us before your appointment. You may reschedule once you have recovered.
- Your privacy and confidentiality are strictly protected during the session.
- If you arrive under the influence of alcohol or drugs, the session will be declined and you will be asked to leave.
- The studio is smoke-free and fragrance-conscious.
- Please come freshly showered on the day of your session.
- Harassment of any kind is not tolerated. If it occurs, or if the therapist's safety is judged to be at risk, the session will end immediately.
- Please avoid a heavy meal within 2 hours before your session.
- We will contact you 1–2 days before your appointment to confirm.

☐ **I have reviewed the studio guidelines and agree to follow them.**

6. Release of Liability

Although we take care to provide safe services, Primora Quantum is not liable for damages arising from the following. By receiving services, you agree that you understand these risks.

- Illness or injury resulting from false information you provided or from not following instructions
- Illness or injury resulting from receiving services without consulting a physician when you fall under "You must consult your physician before your session"
- Illness or injury resulting from receiving services without following instructions when you are pregnant or may be pregnant
- Superficial bruising, short-term muscle soreness, or aggravation of an undiagnosed injury
- Natural disasters, force majeure, or accidents within the studio not caused by our gross negligence (such as theft or loss)
- Damages arising from causes not attributable to the studio

☐ **I have reviewed the release of liability.**

CS60

Review only if you are receiving CS60

This page covers matters specific to CS60, for clients who receive CS60. General matters shared with the Basic Consent (nature of services, changes after a session, health disclosure, release of liability, studio guidelines, etc.) are not repeated here. Please review this page together with the Basic Consent.

1. About CS60

- CS60 is a service performed with a device (instrument) used in place of finger pressure. It is provided for general wellness, improved circulation, and relief of muscle fatigue and tension, and is not a medical treatment.

2. CS60 Acknowledgments

Please read each item and write your initials in the box on the left.

☐	I request and consent to a CS60 session of my own free will.
☐	I understand that CS60 sessions are provided for general wellness, stress reduction, and relief of muscle tension, and are not medical treatment.
☐	I understand that I should have no injury or illness that would prevent a CS60 session, and that it is important to disclose all medical conditions and medications to the therapist. I also understand that certain physical conditions may involve additional risks.
☐	If I feel pain or discomfort during the session, I will tell the therapist right away so the pressure or technique can be adjusted. I will not hold the therapist responsible for pain or discomfort during or after the session.
☐	Depending on the area, there may be pain during or after the session. The treated area may become discolored (bruise-like), or a rash, stiffness, or swelling may occur.
☐	Pain may appear the day after the session or later, and the treated area may turn blue or yellow-green. If I have any concerns, I will contact the therapist within 1–2 days.
☐	To enhance the effect of the session, CS60 may be used around the chest area (below the collarbone, under the arms, etc.) and the groin area (hip joints, inner thighs, etc.).
☐	I understand that the risks of CS60 include, but are not limited to, superficial bruising, short-term muscle soreness, and aggravation of an undiagnosed injury.
☐	I declare that I have no symptoms of a contagious illness that could pose a risk to the therapist or other clients.
☐	I understand that either the therapist or I may stop or end the session at any time.
☐	I have had the opportunity to ask questions about CS60, and my questions have been answered.

3. Pacemakers and Other Medical Devices

IMPORTANT: CS60 cannot be used on areas with implanted electronic medical devices that are sensitive to electromagnetic interference, such as pacemakers, or medical devices that may be affected by magnetism, such as programmable shunts for cerebrospinal fluid. If this applies to you, please tell the therapist before your session.

(Please answer in the question box in Section 3 of the Basic Consent.)

4. Surgical History and Current Pain

Have you had surgery in the past?

☐ Yes ☐ No

If yes, please write the area and when: _____

Do you currently have pain?

☐ Yes (☐ Severe ☐ Mild ☐ Occasionally mild) ☐ No

Your preference for pressure (please check one)

☐ Do not rub that area ☐ Standard pressure ☐ Gentle pressure

Slide Cupping

Review only if you are receiving Slide Cupping

This page covers matters specific to Slide Cupping, for clients who receive Slide Cupping. General matters shared with the Basic Consent (nature of services, changes after a session, health disclosure, release of liability, studio guidelines, etc.) are not repeated here. Please review this page together with the Basic Consent.

1. About Slide Cupping

Cupping is a technique that originates in Traditional Chinese Medicine (TCM) and is said to offer many wellness benefits, such as encouraging the flow of qi (life energy). It pairs well with massage therapy. Glass, plastic, or silicone cups are used to apply localized negative pressure (suction) to specific areas of the body. It aims to stimulate circulatory and lymphatic function, release congested tissue, and ease adhesions in the superficial tissues.

2. Contraindications for Cupping

The following is a list of common conditions that may be contraindications for cupping (this list is not exhaustive).

- Thrombosis
- Bleeding disorders (including hemophilia)
- Bruising easily
- Injured areas
- Infections
- Acute skin conditions, sunburn, or rashes
- Skin lesions
- Cancer
- Areas with a hernia
- Hematoma
- Phlebitis or varicose veins
- Reduced sensation
- Edema or lymphedema
- Use of certain medications (blood thinners, anticoagulants, etc.)

3. Cupping Acknowledgments

Please read each item and write your initials in the box on the left.

☐	I have received an explanation of massage cupping techniques in general, including expected effects, risks, aftercare, and possible alternative therapies, and I understand this information.
☐	I understand that cupping suction may leave marks (bruise-like marks) on my body.
☐	The therapist has explained the contraindications for cupping to me. I have provided accurate and complete health information to the therapist to confirm that none apply to me.
☐	I agree to tell the therapist about any physical discomfort I feel during the session.
☐	I have had the opportunity to ask questions about cupping, and my questions have been answered to my satisfaction.
☐	I declare that I am not taking blood thinners (anticoagulants) and that no contraindications for cupping apply to me. If any do apply, I will be sure to tell the therapist in one of the items above.
☐	I release the therapist and the studio from liability for unintended damage arising from this service.

Today's Services and Signature

Today's services (check all that apply)

☐ Massage Therapy ☐ CS60 ☐ Slide Cupping

I have reviewed all applicable items in the Basic Consent (Sections 1–6), the CS60 page (Sections 1–4, if receiving CS60), and the Slide Cupping page (Sections 1–3, if receiving Slide Cupping). I understand and agree to them, and I consent to receive today's services.

Date: _____

Signature: _____

Name (print): _____