



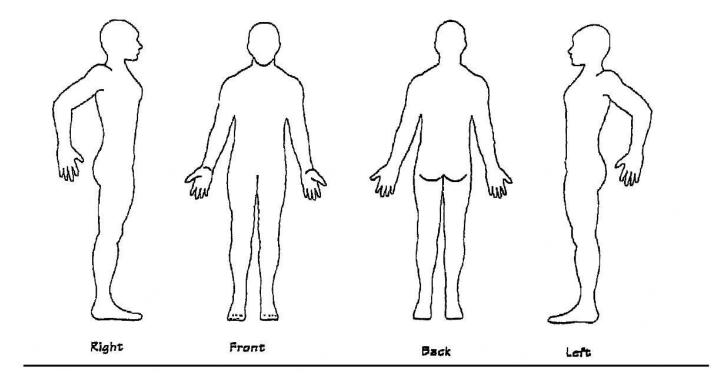
Name:		
Address:	City:	State: Zip:
Home Phone:	Work/Cell Phone:	
E-mail:		
Occupation:	Date of Birt	h:
	Phone	
	cians care for an acute or chronic il	
	h care provider:	
	escribed medication or dietary supp	
	esertoed inedication of dietary supp	
	efore? Y N If yes, when:	
What are your goals for this ses	sion:	
Health Information Please mark an (X) by all curre	nt conditions and (P) for all past co	onditions
	Depression Diabetes Fatigue Headaches, migraine Hearing problems Hernia High blood pressure Jaw pain/TMJ pain Low blood pressure Muscle/bone injuries Muscle/joint pain Numbness/tingling	pregnancy Rash/fungus Sinus problems Sleep difficulties Spinal disorders Sprain/strain Tension/stress Vision problems Varicose veins Other

Please use the letters provided in the key to identify the symptoms you are feeling today. Circle the area around each letter, representing the size and shape of each symptom location.

P= pain or tenderness

S= joint or muscle stiffness

N= numbness or tingling



I have stated all conditions that I am aware of and this information is true and accurate to the best of my knowledge. I will inform my health care provider and massage therapist if anything changes in my status. I understand that massage/bodywork I receive is for the purpose of stress reduction and the relief from muscular tension, spasm or pain and to increase circulation. If I experience any pain or discomfort, I will immediately inform my massage therapist so that the pressure and/or methods can be adjusted to my comfort level. I understand that my massage therapist does not diagnose illness or disease, nor perform any spinal manipulations, and does not prescribe any medications/treatments. I acknowledge that massage is not a substitute for a medical examination or diagnosis and that I should see my health care provider for those services. If I am unable to attend my scheduled appointment, I will respect and abide by the set cancellation policies. Sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature will constitute as sexual harassment and will not be tolerated. I understand that I am receiving massage therapy at my own risk. In the event that I become injured either directly or indirectly as a result, in whole or in part, of the aforesaid massage therapy I hereby hold harmless and indemnify the therapist, their principals, and agents from all claims and liability whatsoever.

Client Signature:	Date: