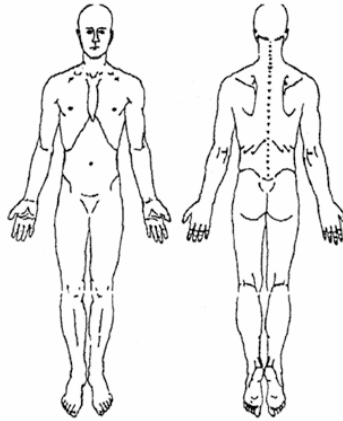


Please use the diagram below to mark the areas where you would like your therapist to focus :



Within the last 2 years, have you experienced discomfort having to do with any of the following?

Muscular/Skeletal

- Sprains/Strains Broken bones Tendonitis Bursitis Arthritis Gout
 Jaw Pain Lupus Other: _____

Circulatory

- Phlebitis Varicose Veins Blood Clots High/Low Blood Pressure
 Lymphedema Thrombosis/Embolism Other: _____

Respiratory

- Asthma Emphysema Sinus Problems Other: _____

Nervous

- Shingles Pinched Nerve Numbness/Tingling Other: _____

Reproductive

- Pregnant (____ Weeks) Trying to Become Pregnant Postpartum (____ Weeks)
 Irregular cycles Severe Menstrual Symptoms Other: _____

Skin

- Rashes Athletes Foot/ fungal infections Herpes/ cold sores Eczema Warts
 Psoriasis Dermatitis Cuts/Bruises Other: _____

Digestive

- Irritable Bowel Syndrome Ulcers Constipation Other: _____

Other

- Cancer/tumors Bladder/kidney problems Diabetes Chronic fatigue
 Drug/Alcohol/Caffeine/Tobacco use Chronic pain Sleep Disorders
 Migraines/Headaches Anxiety disorder Depression Surgery Other: _____

Is there anything else your therapist should know? _____

I give permission for my massage therapist to use techniques within her scope of practice which she deems appropriate for my treatment.
I understand that massage therapy is strictly therapeutic and therefore strictly non-sexual. I understand that if I behave inappropriately during the session, the massage therapist has the right to end the massage, and I will be charged the full amount for the appointment.
I understand that while therapeutic, massage is not a replacement for medical care, diagnosis or treatment. I agree to give 24 hours notice if I need to cancel an appointment. If I will be late, I agree to call and let my therapist know, or be charged a no-show fee.
I have answered each of these questions to the best of my knowledge and if anything negative occurs due to omission on my part, my massage therapist is not at fault.

Signature: _____ Date: _____