

Perfect Health

Message Therapy

Client Information and Release

PLEASE NOTE: You are required to complete this form and give it to your massage therapist at your first session and anytime there is a change in your medical profile. It is your responsibility to notify the massage therapist verbally and in writing of any changes in your medical profile and understand that there shall be no liability on the massage therapist's part should you fail to do so.

Thank you for your interest in Thai massage. Please take a moment to complete the information below and give the completed form to your Thai Massage Therapist prior to your Thai massage.

Name: _____ Age: _____

E-mail: _____ Phone: _____

Are you currently suffering from any ailment that could be affected by today's Thai massage? Yes No

If yes, you will be required to provide the massage therapist with a Physician's permission form, completed by your primary care physician prior to you receiving Thai massage.

Please read the following statement, then sign and date below to indicate you have read and understand the statement.

The Massage Therapist whose name appears below is not responsible for the aggravation of any conditions that were present, but not disclosed verbally and in writing, at the time of the Thai massage and which may be affected by the Thai massage.

Print Name: _____ Date: _____

Signature: _____

FOR MESSAGE THERAPIST USE ONLY

Name: _____ PEC: Yes No

Comments: _____