
Legal Name (First Last)

Preferred Name (if different)

Date of Birth

Recent illnesses, accidents or surgeries?

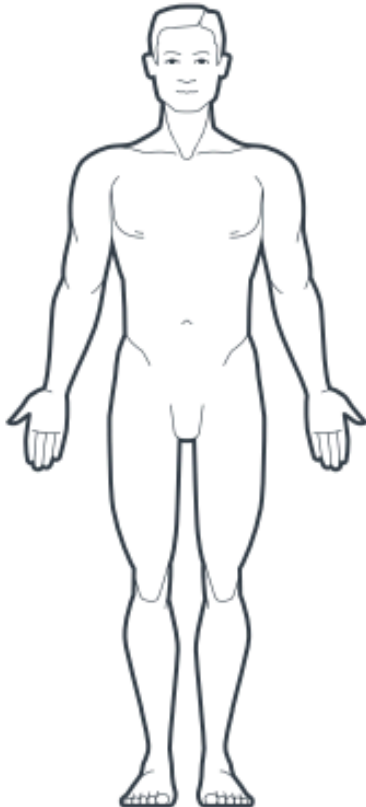
Current or Past conditions (please mark a "C" for current or "P" for past.)

- () Diabetes_____ () Skin Problems_____ () Circulation Problems_____
- () Cancer_____ () Chronic Illness_____ () High Blood Pressure_____
- () Infection_____ () Headaches_____ () Allergies_____
- () Pregnancy_____ () Heart Disease_____ () Arthritis_____
- () Seizures_____ () Other_____

Please x where you are experiencing pain or discomfort:

Pain symptoms: Please rate pain on a 1-10 scale? _____When did pain start? _____

What is the frequency of the pain? _____



Have you had a professional massage in the past? YES NO

Massage Preferences/Other comments:

Please arrive on time for your appointment so that a full session is given. Payment is due at time of service.

I understand that massage is not a substitute for medical diagnosis, examination, or treatment and I should see a physician or other qualified practitioner for conditions (both mental and physical) outside the scope of manual therapy. If I experience any pain or discomfort during the session I will immediately inform the therapist so that adjustment to the treatment may be made to accommodate my comfort and safety. I have fully disclosed my current medical status and history. I understand the benefits and risks of massage and I give my consent to treatment.

Signature

Date