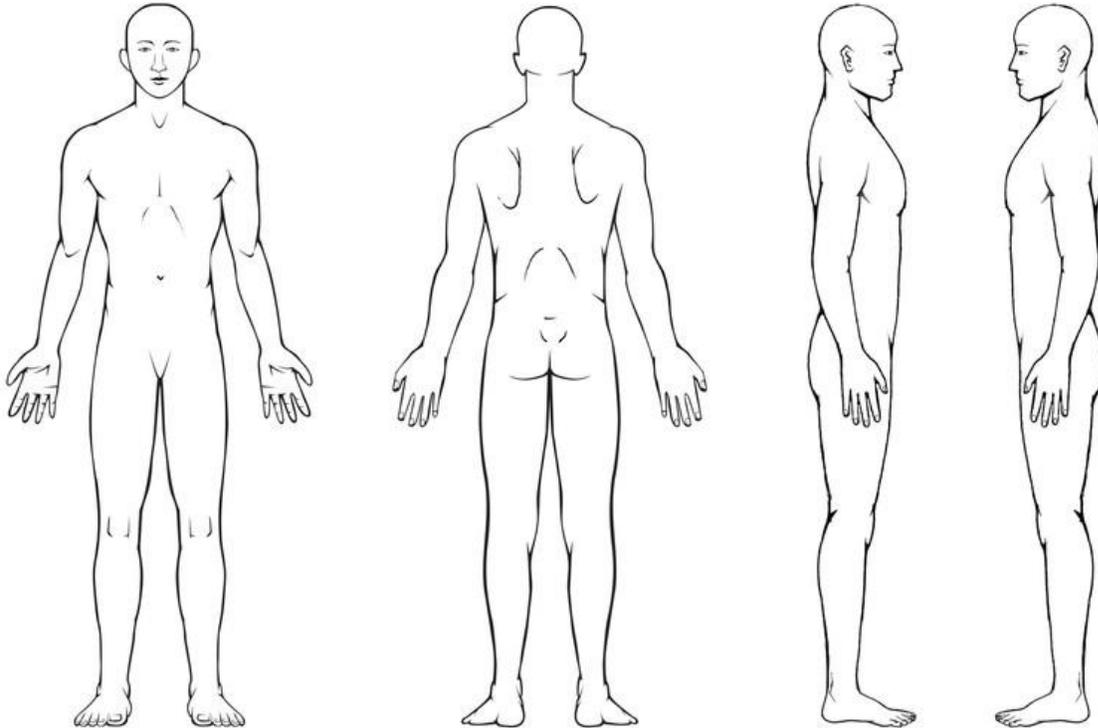


**Is there a specific area of the body where you are experiencing tension, stiffness, pain, or discomfort?
If yes, please identify:**



Please briefly describe what you hope to accomplish as a result of working with your massage therapist:

Medical History

Circle any of the following if you currently have or have ever had at all:

- | | | |
|----------------------|----------------------------|---------------------------|
| Phlebitis | Epilepsy | Circulatory disorder |
| Tennis elbow | Current fever | Fibromyalgia |
| Deep vein thrombosis | Headaches; migraines | Varicose veins |
| Blood clots | Swollen glands | TMJ |
| Recent fracture | Cancer | Atherosclerosis |
| Joint disorder | Allergies/sensitivity | Carpel tunnel syndrome |
| Recent surgery | Diabetes | Easy bruising |
| Rheumatoid arthritis | Heart condition | Contagious skin condition |
| Osteoarthritis | Decreased sensation | Recent accident or injury |
| Sprains/strains | High or low blood pressure | Open sores or wounds |
| Artificial joint | Back/Neck problems | |

Are you pregnant? _____ If yes, how many months? _____

Are you currently under medical supervision? _____ If yes, please explain

Do you see a chiropractor? _____ If yes, how often? _____

Are you currently taking any medication? _____ If yes, please list:

Is there anything else about your health history that you think would be useful for your massage therapist to know to plan a safe and effective massage session for you?

CANCELLATION POLICY

We expect 24 hours or more before your appointment time to be notified of any cancellation or re-scheduling. It helps us to fill that available time with someone else in need of therapeutic massage and we appreciate your consideration.

In the event of a "NO SHOW" ... clients are subject to a fee equal to the FULL COST of the appointment or a minimum of \$25, whichever is GREATER.

CONSENT TO TREAT

I understand the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during my session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage therapists are not qualified to perform adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said during the session given should be construed as such. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

Signature of Client _____ Date _____

Signature of Massage Therapist _____ Date _____