

Name _____ . Today's Date _____ .

Address _____ . City _____ . State _____ . Zip _____ .

Phone (_____) _____ . Date of Birth _____ .

Email _____ .

Occupation _____ . Referred By _____ .

Medical History; explain: _____ .

Pregnant _____ . Arthritis _____ . Varicose veins _____ .

Heart Medications _____ . Muscle Relaxants _____ .

Diabetes _____ . Recent Surgeries _____ .

Allergies _____ . Skin or Contagious diseases _____ .

I understand that the massage/bodywork I receive is provided for basic purpose of relaxation and relief of muscle tension. If I experience any pain or discomfort during any session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment, and that I should see a physician, chiropractor, or any other qualified medical specialist for any mental or physical ailment. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that anything said in the course of any session should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all of my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. By signing my name, I agree to be contacted in the future. I also understand that the practitioner reserves the right to immediately terminate the session for any wrongful doing on my part, and I will be liable for full payment of the scheduled appointment.

Client Signature _____ .

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