Name		Today's Date			
Address		City	<u>.</u> State	Zip	
Phone ()	J	Date of Birth			
Email					
Occupation	Referred By				
Medical History; explain:	<u>:</u>				
Pregnant	. Arthritis	V	aricose veins		
Heart Medications		. Muscle Relax	ants		
Diabetes	. Recent Surger	ries			
Allergies	. Skin or Contag	. Muscle Relaxants			
not qualified to perform spinal or skel session should be construed as such. I my known medical conditions and at understand that there stall be no liabi understand that the practitioner reser payment of the scheduled appointmen Client Signature	Because massage/bodywork shornswered all questions honestly. lity on the practitioner's part shows the right to immediately tent.	uld not be performed under certa I agree to keep the practitioner tould I fail to do so. By signing rminate the session for any wro	in medical conditions, I affir updated as to any changes ir my name, I agree to be conta ngful doing on my apart, and	m that I have stated all of a my medical profile and acted in the future. I also it I will be liable for full	
Tvume		Today's Date			
Address		City	State	<u>.</u> Zip <u> </u>	
Phone ()					
Email				<u>.</u>	
Occupation	Referred By				
Medical History; explain:	:				
Pregnant	Arthritis	Va	aricose veins	•	
Heart Medications		. Muscle Relax	ants		
Diabetes	. Arthritis . Varicose veins				
Allergies	Skin or Contagious diseases				
I understand that the massage/bodyw discomfort during any session, I will i understand that massage/bodywork s physician chiropractor or any other	vork I receive is provided for t immediately inform the practitio should not be construed as a s	pasic purpose of relaxation and oner so that the pressure and/or structure for medical examinati	relief of muscle tension. If tokes may be adjusted to my lon, diagnosis, or treatment,	I experience any pain or level of comfort. I further and that I should see a	

Toby Hillman with Castle Rock Massage

Toby Hillman with Castle Rock Massage

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 aliment. 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 stall 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 apart, and I will be liable for full payment of the scheduled appointment.

Client Signature _______.