ANYVER	Today's Date:			Name:			
A	Address:						
ALL HE	City:						
A MARKET					Male Date of Birth:		
-NXXXVII							
	•		•	•	dicated. If you have certa	• -	•
		f bodyworl	k may be con	traindicated	. A referral from your pr	rimary ca	re provider may be
required prior to so							
		er bodywork before? What did you have?					
e	Date of last massage or treatment:						
Massage	Sauna	Pe	rsonal Training	g Nutr	itional Counseling Othe	er:	
Why?							
Have you been in any acci	idents? if so describe your in	njuries.					
, , ,							
Are you taking any medic	cations, if so what for?					_000000	
Are you currently seeing a	a healthcare professional, if	so what for?					
Do you have high bloo	d pressure?	Yes	No		Are you pregnant?	Yes	No
Do you experience hea	•	Yes			Are you diabetic?	Yes	
Have you ever been diagnosed with a disease?		Yes	No No		Have you ever had surgery?		No
Do you have osteopord	•	Yes	No		Do you have epilepsy?	Yes Yes	No No
Do you have low back		Yes	No		Do you have any allergies?	Yes	No
Do you experience any		Yes			Do you have sciatica?		
Do you have cancer?	numbricss.		No		Do you have neck pain?	Yes	No
Do you get cramps?		Yes Yes	No		Are you bruise easily?	Yes Yes	No
Do you smoke		Yes	No No		Do you drink alcohol?	Yes	No No
Do you experience high	h stress?	Yes	No			103	NO
Do you have difficulty		Yes	No				
Please explain any Yes ans							
How many ounces of wate	er do you drink daily?	OZ.	How often	do you stretch?			
IZSf[ekagdUgddWfVjWd	L[eWdagf[`W				QQ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	QQ
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20000000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i>300000</i>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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changes in my medical pr tension. If I experience an be construed as a substitu	ofile. I understand that any y pain or discomfort durin te for medical examination	y treatment I g the session I 1 or diagnosis	receive is for the I will immediate	purpose of impi ly inform my sei	I agree to keep my Doctor/therd roving health and relaxation, a rvice provider. I understand the	nd/or the re	lief of muscular pain and
5^{Wf E[Y SfgdWQQQQQQQQQQQQQQQQQQQQQQQQQQQQQQQQQQQQ						Date:	