

**Health History Form**      PLEASE PRINT NEATLY

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Cell) \_\_\_\_\_ (Other) \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about Peaceful Presence Yoga Studio? \_\_\_\_\_

What is your main purpose for receiving massage therapy? \_\_\_\_\_

Are you currently under the care of a health professional for injuries or on-going medical treatment? \_\_\_\_\_

Please describe your current state of health and indicate any physical conditions of which your therapist should be aware. (Feel free to use the reverse side.)

Please circle any of the following conditions that you have: Diverticulitis, varicose veins, phlebitis, fractures, hematomas, skin condition, herpes, AIDS/ARC/HIV+, any contagious disease, cancer, heart problems, high blood pressure, pregnancy, insomnia, whiplash, arthritis, headaches, constipation, other \_\_\_\_\_

**AGREEMENTS**

If I experience any pain or discomfort during my session, I will immediately inform my therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I will accept full responsibility for the massage pressure and the areas included. I waive all claims of any nature arising from or out of my massage including those against my therapist or this facility for any injuries I may sustain.

I understand the services are strictly professional and not to be misconstrued as anything other than therapeutic.

I acknowledge that massage therapy is not a substitute for medical care, medical examination, or diagnosis. I am aware of the benefits and risks of massage and give my consent.

I hereby certify that the above information is true and complete to the best of my knowledge and that I will inform my therapist of any changes in my health status relevant to receiving massage therapy.

I further agree not to form independent yoga, massage or related business relationships with the staff of Peaceful Presence Studio (PPYS), thereby cutting out PPYS. This undermines our efforts and the financial viability of the studio. If I wish to refer clients to the staff I will go through Andrew Kahn LLC rather than making direct referrals to the teacher or therapist. I will uphold the policies of PPYS listed (presently under the home tab) at [www.peacefulpresence.com](http://www.peacefulpresence.com).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_