

Name:		
Email Address:		
Cell Phone#:		
DOB:	Occupation:	
Street Address:		Town:
State:	Zip Code:	
In Case of Emergency, Contact:		

<p>1. If you could wave a magic wand, what results would you like to achieve from massage therapy within the next 12 months?</p>	<p><u>Circle any/all that apply</u></p> <p>Muscle or joint pain or stiffness Numbness or tingling Swelling Sensitive to touch/pressure High/Low blood pressure Stroke, heart attack Varicose veins Shortness of breath, asthma Cancer Neurological Epilepsy, seizures Headaches, Migraines Dizziness, ringing in the ears Digestive conditions Kidney disease, infection Arthritis (rheumatoid, osteoarthritis) Osteoporosis, degenerative spine/disk Scoliosis Broken bones Allergies Diabetes Endocrine/thyroid conditions Depression, anxiety Memory Loss, confusion, easily overwhelmed</p>
<p>Elaborate: What's important about achieving that result?</p>	
<p>2. What's your biggest challenge with massage therapy?</p>	
<p>3. Would it be worth investing money to have this challenge resolved?</p>	
<p>Elaborate: What does that challenge mean to you?</p>	

Are you wearing contacts? Yes No
Are you wearing dentures? Yes No
Are you wearing a hairpiece? Yes No
Are you pregnant? Yes No

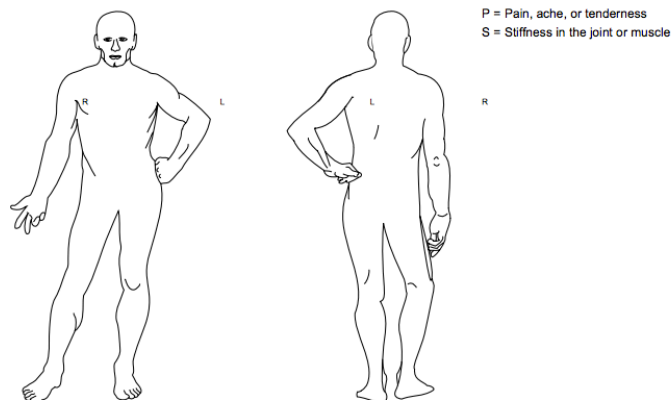
If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. 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 nothing said in the course of the session given should be construed as such. Because massage/bodywork 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 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. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. Understanding all of this, I give my consent to receive care.

Client Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

Package Type:	Price:	# of Installments:
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Admin Only



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