

Name:

Email:

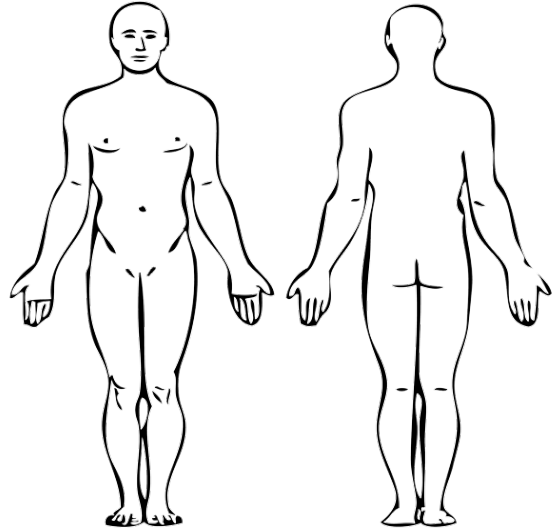
Phone:

 (    )    -   

Date of Birth:

 /    /   

✗ Mark All Areas of Pain/Tension



General Stress Level

 10 9 8 7 6 5 4 3 2 1 0

Today's Stress Level

 10 9 8 7 6 5 4 3 2 1 0

Past Injuries/Surgeries


Current Injuries/Conditions


Current Medications


### Email Newsletter

May we contact you about events, classes, new services, package deals etc?

☐

Yes, please.

☐

No thank you.

It is my choice to receive massage therapy. I am aware of the benefits and risks of massage and give my consent for massage. I understand that there is no implied or stated guarantee of success or effectiveness of individual techniques or series of appointments. I acknowledge that massage therapy is not a substitute for medical care, medical examination or diagnosis. I have stated all medical conditions that I am aware of and will inform my practitioner of any changes in my health status.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_