

Do you have any of the following:

skin rash _____ cold/flu _____ open cuts _____ severe pain _____
injuries/bruises _____ anything contagious _____

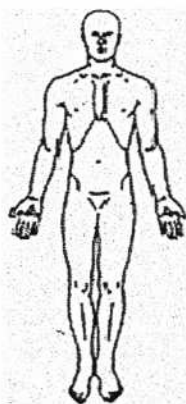
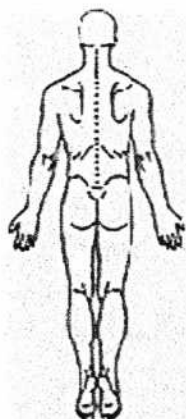
Do you have any allergies to:

_____ environmental allergens (dust, pollen, fragrances) _____ oils

If any of the above are checked, please give details: _____

Are you wearing: _____ contact lenses _____ hearing aid _____ hairpiece

Please indicate with an (X), if any, the areas in which you are feeling discomfort:



What are your goals/expectations for this therapy session? _____

Please read the following information and sign below:

1. I understand that although massage therapy can be very therapeutic, relaxing and reduce muscular tension, it is not a substitute for medical examination, diagnosis and treatment.
2. This is a therapeutic massage and any sexual remarks or advances will terminate the session and I will be liable for payment of the scheduled treatment.
3. Being that massage should not be done under certain medical conditions, I affirm that I have answered all questions pertaining to medical conditions truthfully.

Signature: _____ Date: _____