

INSURANCE PROVIDER: ____

PRESSURE PREFERED: COMBINATION: __LIGHT: __MEDIUM:__THERAPEUTIC - DT:__

ALLERGIES: HAVE YOU HAD A MASSAGE BEFORE: Y/N TYPE: ANY INJURIES IN THE LAST 3 DAYS: Y/N DETAILS: Informed consent: The above information is accurate to the best of my knowledge and I freely give my permission to be massaged. I agree to inform the therapist of any experience of pain during the session. I understand this does not deter me from seeking medical treatment for medical conditions. I understand that no inappropriate comments or conduct will be tolerated. Any indication of such behavior will automatically end the session. I agree to update the massage therapist in regard to changes in my health and understand that there shall be no liability on the therapist's part should I forget to do so. I agree to hold harmless the establishment, all management, including volunteers, from and against any and all claims. I agree to handle suit at its sole expense and agree to bear all costs related even if claims, etc., are groundless, false, and fraudulent.	Charle all that made							
DATE OF BIRTH Ashma Pplepsy Diableses Bitam troid energy (Pacas) Fermis Figh fillood Pressure Substitutions Substitutions Substitutions Substitutions Substitutions Pregnant Arthritis Situtes Pritated situ / Service Substitutions Pregnant Arthritis Situtes Pritated situ / Service Substitution Pregnant Arthritis Substitution Pregnant Arthritis Substitution Pregnant Arthritis Substitution Pregnant Arthritis Partiated sitution Partia		Downsion	Mari	k appropriate	e stress :	zones:		
Carpal Trusted Epilegoy Sammarios			6	y (3	Gr	3	5
Diabete	Carnal Tunnel	Philansy	73	الح الح			5	500
Mear t Problems Close N More is			17	7 1/2	C/ 1	12- U	-3}	623
Informed consent: The above information is accurate to the best of my knowledge and I freely give my permission to be massaged. I agree to inform the therapist of any experience of pain during the sheak of the state that no inappropriate comments or conduct will be tolerated. Any indication of such behavior will automatically end the session. I agree to update the massage therapist in regard to changes in my health and understand that there shall be no liability on the therapist part should I forget to do so. I agree to hold claims. I agree to handle suit at its sole expense and agree to bear all costs related even if claims. ADDITIONAL INFO: Date	7 30		1 Th	1 /11/10	market	1	\mathcal{M}	FT A
Medications Migraines Migr			11/2		111	171-	111	(0)
Magazines			" July	Two I'm	J 600		Time (1 60
## Preparat Salatica Salatica			15	/ \.(1./	- \ A	/	() -
DATE OF BIRTH EMAIL ADDRESS: MAILING ADDRESS: CONTACT #CELL: WORK #: TYPE: EMERGENCY CONTACT NAME& # ALLERGIES: Y/N DETAIL: HAVE YOU HAD A MASSAGE BEFORE: Y/N DETAILS: Informed consent: The above information is accurate to the best of my knowledge and I freely give my permission to be massaged. I agree to inform the therapist of any experience of pain during the session. I understand this does not deter me from seeking medical treatment for medical conditions. I understand that no inappropriate comments or conduct will be tolerated. Any indication of such behavior will automatically end the session. I understand that no inappropriate comments or conduct will be tolerated. Any indication of such behavior will automatically end the session. I understand that no inappropriate comments or conduct will be tolerated. Any indication of such behavior will automatically end the session. I understand that no inappropriate comments or conduct will be tolerated. Any indication of such behavior will automatically end the session and session and session and session and session and session and adjainst any and all claims. I agree to handle suit at its sole expense and agree to bear all costs related even if claims, etc., are groundless, false, and fraudulent. SIGNATURE: DATE: Date Session # Date Date Session # Date Session # Date Session # Date Date Session # Date Date Session # Date Date Date Session # Date Date Date Date Date Date Session # Date D	Migraines	Cold of Fiu	1.	7 17	71	1:35	4	1-1
DATE OF BIRTH EMAIL ADDRESS: MAILING ADDRESS: CONTACT #CELL: WORK #: TYPE: EMERGENCY CONTACT NAME& # ALLERGIES: Y/N DETAIL: HAVE YOU HAD A MASSAGE BEFORE: Y/N DETAILS: Informed consent: The above information is accurate to the best of my knowledge and I freely give my permission to be massaged. I agree to inform the therapist of any experience of pain during the session. I understand this does not deter me from seeking medical treatment for medical conditions. I understand that no inappropriate comments or conduct will be tolerated. Any indication of such behavior will automatically end the session. I understand that no inappropriate comments or conduct will be tolerated. Any indication of such behavior will automatically end the session. I understand that no inappropriate comments or conduct will be tolerated. Any indication of such behavior will automatically end the session. I understand that no inappropriate comments or conduct will be tolerated. Any indication of such behavior will automatically end the session and session and session and session and session and session and adjainst any and all claims. I agree to handle suit at its sole expense and agree to bear all costs related even if claims, etc., are groundless, false, and fraudulent. SIGNATURE: DATE: Date Session # Date Date Session # Date Session # Date Session # Date Date Session # Date Date Session # Date Date Date Session # Date Date Date Date Date Date Session # Date D	Pregnant	Arthritis		/ \/	1/	\\\\	1)	()
DATE OF BIRTH EMAIL ADDRESS: MAILING ADDRESS: CONTACT #CELL: WORK #: TYPE: EMERGENCY CONTACT NAME& # ALLERGIES: Y/N DETAIL: HAVE YOU HAD A MASSAGE BEFORE: Y/N DETAILS: Informed consent: The above information is accurate to the best of my knowledge and I freely give my permission to be massaged. I agree to inform the therapist of any experience of pain during the session. I understand this does not deter me from seeking medical treatment for medical conditions. I understand that no inappropriate comments or conduct will be tolerated. Any indication of such behavior will automatically end the session. I understand that no inappropriate comments or conduct will be tolerated. Any indication of such behavior will automatically end the session. I understand that no inappropriate comments or conduct will be tolerated. Any indication of such behavior will automatically end the session. I understand that no inappropriate comments or conduct will be tolerated. Any indication of such behavior will automatically end the session and session and session and session and session and session and adjainst any and all claims. I agree to handle suit at its sole expense and agree to bear all costs related even if claims, etc., are groundless, false, and fraudulent. SIGNATURE: DATE: Date Session # Date Date Session # Date Session # Date Session # Date Date Session # Date Date Session # Date Date Date Session # Date Date Date Date Date Date Session # Date D	sdatica	Surgeries	h		\mathcal{P}_{3}	28	(١,(
DATE OF BIRTH EMAIL ADDRESS: MAILING ADDRESS: CONTACT #CELL: WORK #: TYPE: EMERGENCY CONTACT NAME& # ALLERGIES: HAVE YOU HAD A MASSAGE BEFORE: Y/N DETAIL: HAVE YOU HAD A MASSAGE BEFORE: Y/N DETAILS: Informed consent: The above information is accurate to the best of my knowledge and I freely give my permission to be massaged. I agree to inform the therapist of any experience of pain during the session. I understand this does not deter me from seeking medical treatment for medical conditions. I understand that no inappropriate comments or conduct will be tolerated. Any indication of such behavior will automatically end the session. I understand that no inappropriate comments or conduct will be tolerated. Any indication of such behavior will automatically end the session. I understand that no inappropriate comments or conduct will be tolerated. Any indication of such behavior will automatically end the session. I understand that no inappropriate comments or conduct will be tolerated. Any indication of such behavior will automatically end the session and session and such an analysis of the session in regard to changes in my health and understand that there shall be no liability on the therapist's part should I forget to do so. I agree to hold harmless the establishment, all management, including volunteers, from and against any and all claims. I agree to handle suit at its sole expense and agree to bear all costs related even if claims, etc., are groundless, false, and fraudulent. SIGNATURE: DATE: Date Session # Date Date Date Session # Date Session # Date Session # Date Date Date Session # Date D	Sinuses	Pritated skin/ Sensitive				0		-
EMAIL ADDRESS:	NAME:	Cuts/Eurns/Eruises	OF RIE					
EMERGENCY CONTACT NAME& #								
ALLERGIES: Y/N DETAIL:								
ALLERGIES: Y/N DETAIL:						<i>YPE:</i>		
Informed consent: The above information is accurate to the best of my knowledge and I freely give my permission to be massaged. I agree to inform the therapist of any experience of pain during the session. I understand this does not deter me from seeking medical treatment for medical conditions. I understand that no inappropriate comments or conduct will be tolerated. Any indication of such behavior will automatically end the session. I agree to update the massage therapist in regard to changes in my health and understand that there shall be no liability on the therapist's part should I forget to do so. I agree to hold harmless the establishment, all management, including volunteers, from and against any and all claims. I agree to handle suit at its sole expense and agree to bear all costs related even if claims, etc., are groundless, false, and fraudulent. SIGNATURE: DATE: Date Session # Date Session # Date Session # Session # Date Session # Session #								
Informed consent: The above information is accurate to the best of my knowledge and I freely give my permission to be massaged. I agree to inform the therapist of any experience of pain during the session. I understand this does not deter me from seeking medical conditions. I understand that no inappropriate comments or conduct will be tolerated. Any indication of such behavior will automatically end the session. I agree to update the massage therapist in regard to changes in my health and understand that there shall be no liability on the therapist's part should I forget to do so. I agree to hold harmless the establishment, all management, including volunteers, from and against any and all claims. I agree to handle suit at its sole expense and agree to bear all costs related even if claims, etc., are groundless, false, and fraudulent. SIGNATURE: DATE: Date Session # Session # Date Session #	ALLERGIES:		Y/N	DETAIL:			_	
Informed consent: The above information is accurate to the best of my knowledge and I freely give my permission to be massaged. I agree to inform the therapist of any experience of pain during the session. I understand this does not deter me from seeking medical treatment for medical conditions. I understand that no inappropriate comments or conduct will be tolerated. Any indication of such behavior will automatically end the session. I agree to update the massage therapist in regard to changes in my health and understand that there shall be no liability on the therapist's part should I forget to do so. I agree to hold harmless the establishment, all management, including volunteers, from and against any and all claims. I agree to handle suit at its sole expense and agree to bear all costs related even if claims, etc., are groundless, false, and fraudulent. SIGNATURE: DATE: Date Session # Date Session # Date Session # Session # Date Session # Session #	HAVE YOU HAD A MASSAGE	E BEFORE:	Y/N	<i>TYPE:</i>				
Informed consent: The above information is accurate to the best of my knowledge and I freely give my permission to be massaged. I agree to inform the therapist of any experience of pain during the session. I understand this does not deter me from seeking medical treatment for medical conditions. I understand that no inappropriate comments or conduct will be tolerated. Any indication of such behavior will automatically end the session. I agree to update the massage therapist in regard to changes in my health and understand that there shall be no liability on the therapist's part should I forget to do so. I agree to hold harmless the establishment, all management, including volunteers, from and against any and all claims. I agree to handle suit at its sole expense and agree to bear all costs related even if claims, etc., are groundless, false, and fraudulent. SIGNATURE: DATE: Date Session # Date Session # Date Session # Session # Date Session # Session #	ANNINITED IN THE LACT	' 3 DA VS •	T 7 / A 7	DETAILS	•			
ADDITIONAL INFO: S: Date Session #	Informed consent: The abo my permission to be massag session. I understand this do	ove information ged. I agree to i bes not deter m	is accur inform the	rate to the be he therapist o seeking medic	st of my k f any exp cal treatm	enowledge erience of ent for m	e and I fre f pain dur edical co	eely give ring the nditions.
S: Date Session # O:	Informed consent: The above my permission to be massagesession. I understand this do I understand that no inapprobehavior will automatically eare to update the mast that there shall be no liability harmless the establishment, claims. I agree to handle sui	ove information ged. I agree to i ges not deter m opriate commen and the session. ssage therapis y on the therapis all managements	is accur inform the le from s its or co in rega- st's part nt, inclu	rate to the be- ne therapist o seeking medionduct will be for rd to changes s should I forgulating voluntee	st of my k f any exp cal treatm tolerated. s in my he et to do s ers, from a	knowledge erience of ent for me Any indic ealth and u to. I agree and again:	e and I free f pain dur edical con ation of s understar to hold st any an	eely give ring the nditions. such nd
S:	Informed consent: The abording permission to be massagesession. I understand this do I understand that no inapprobehavior will automatically elementated there shall be no liability harmless the establishment, claims. I agree to handle suitetc., are groundless, false, a	ove information ged. I agree to i ges not deter m ppriate commen nd the session. ssage therapist on the therapi all management at its sole exp and fraudulent.	is accur inform the le from s its or co in regal st's part int, inclusions ar	rate to the beine therapist of seeking medion and to changes should I forgolding volunteerd agree to be	st of my k f any exp cal treatm tolerated. s in my he et to do s ers, from a	enowledge erience of nent for me Any indic ealth and to to. I agree and agains sts related	and I free f pain dur edical co cation of s understar to hold st any an	eely give ring the nditions. such nd
A:	Informed consent: The aborny permission to be massagession. I understand this do I understand that no inapproper behavior will automatically enderstand the property of the statement of the stat	ove information ged. I agree to i ges not deter m ppriate commen nd the session. ssage therapist on the therapi all management at its sole exp and fraudulent.	is accur inform the le from s its or co tin regal st's part nt, inclusionse ar	rate to the beine therapist of seeking medianduct will be in the seeking medianduct will be in the seeking to changes should I forgulating volunteer and agree to be appeared by the seeking the seeking will be in the seeking will	st of my k f any exp cal treatm tolerated. s in my he et to do s ers, from a ear all cos	enowledge erience of nent for mi Any indic ealth and to to. I agree and agains sts related	and I free f pain dur edical co cation of s understar to hold st any an	eely give ring the nditions. such nd d all claims,
A:	Informed consent: The abomy permission to be massagesession. I understand this do I understand that no inapprobehavior will automatically elementated there is a lagree to update the matheat there shall be no liability harmless the establishment, claims. I agree to handle suitetc., are groundless, false, a SIGNATURE:	ove information ged. I agree to i ges not deter m ppriate commen nd the session. ssage therapist on the therapi all management at its sole exp and fraudulent.	is accur inform the le from s its or co tin regal st's part nt, inclusionse ar	rate to the beine therapist of seeking medianduct will be in the seeking medianduct will be in the seeking to changes should I forgulating volunteer and agree to be appeared by the seeking the seeking will be in the seeking will	st of my k f any exp cal treatm tolerated. s in my he et to do s ers, from a ear all cos	enowledge erience of nent for mi Any indic ealth and to to. I agree and agains sts related	and I free f pain dur edical co cation of s understar to hold st any an	eely give ring the nditions. such nd d all claims,
A:	Informed consent: The abomy permission to be massagesession. I understand this do I understand that no inapprobehavior will automatically elementated there is a lagree to update the matheat there shall be no liability harmless the establishment, claims. I agree to handle suitetc., are groundless, false, a SIGNATURE:	ove information ged. I agree to i ges not deter m ppriate commen nd the session. ssage therapist on the therapi all management at its sole exp and fraudulent.	is accur inform the le from s its or co tin regal st's part nt, inclusionse ar	rate to the beine therapist of seeking medianduct will be in the seeking medianduct will be in the seeking to changes should I forgulating volunteer and agree to be appeared by the seeking the seeking will be in the seeking will	st of my k f any exp cal treatm tolerated. s in my he et to do s ers, from a ear all cos	enowledge erience of nent for mi Any indic ealth and to to. I agree and agains sts related	and I free f pain dur edical co cation of s understar to hold st any an	eely give ring the nditions. such nd d all claims,
S:Session#	Informed consent: The abomy permission to be massagesession. I understand this do I understand that no inapprobehavior will automatically elementated there is a lagree to update the matheat there shall be no liability harmless the establishment, claims. I agree to handle suitetc., are groundless, false, a SIGNATURE:	ove information ged. I agree to i pes not deter m priate commen and the session. ssage therapist on the therapist all management at its sole expand fraudulent.	is accur inform the le from s its or co tin regal st's part nt, inclusionse ar	rate to the beine therapist of seeking medianduct will be in the seeking medianduct will be in the seeking to changes should I forgulating volunteer and agree to be appeared by the seeking the seeking will be in the seeking will	st of my k f any exp cal treatm tolerated. s in my he et to do s ers, from a ear all cos	enowledge erience of nent for mi Any indic ealth and to to. I agree and agains sts related	and I free f pain dur edical co cation of s understar to hold st any an	eely give ring the nditions. such nd d all claims,
S:Session#	Informed consent: The abomy permission to be massagesession. I understand this do I understand that no inapprobehavior will automatically elementated there is a lagree to update the matheat there shall be no liability harmless the establishment, claims. I agree to handle suitetc., are groundless, false, a SIGNATURE:	ove information ged. I agree to i pes not deter m priate commen and the session. ssage therapist on the therapist all management at its sole expand fraudulent.	is accur inform the le from s its or co tin regal st's part nt, inclusionse ar	rate to the beine therapist of seeking medianduct will be in the seeking medianduct will be in the seeking to changes should I forgulating volunteer and agree to be appeared by the seeking the seeking will be in the seeking will	st of my k f any exp cal treatm tolerated. s in my he et to do s ers, from a ear all cos	enowledge erience of nent for mi Any indic ealth and to to. I agree and agains sts related	and I free f pain dur edical co cation of s understar to hold st any an	eely give ring the nditions. such nd d all claims,
S:Session#	Informed consent: The abomy permission to be massagesession. I understand this do I understand that no inapprobehavior will automatically elementated there is a lagree to update the matheat there shall be no liability harmless the establishment, claims. I agree to handle suitetc., are groundless, false, a SIGNATURE:	ove information ged. I agree to i pes not deter m priate commen and the session. ssage therapist on the therapist all management at its sole expand fraudulent.	is accur inform the le from s its or co tin regal st's part nt, inclusionse ar	rate to the beine therapist of seeking medianduct will be in the seeking medianduct will be in the seeking to changes should I forgulating volunteer and agree to be appeared by the seeking the seeking will be in the seeking will	st of my k f any exp cal treatm tolerated. s in my he et to do s ers, from a ear all cos	enowledge erience of nent for mi Any indic ealth and to to. I agree and agains sts related	and I free f pain dur edical co cation of s understar to hold st any an	eely give ring the nditions. such nd d all claims,
S:Session#	Informed consent: The abomy permission to be massagesession. I understand this do I understand that no inapprobehavior will automatically elementated there is a lagree to update the matheat there shall be no liability harmless the establishment, claims. I agree to handle suitetc., are groundless, false, a SIGNATURE:	ove information ged. I agree to i pes not deter m priate commen and the session. ssage therapist on the therapist all management at its sole expand fraudulent.	is accur inform the le from s its or co tin regal st's part nt, inclusionse ar	rate to the beine therapist of seeking medianduct will be in the seeking medianduct will be in the seeking to changes should I forgulating volunteer and agree to be appeared by the seeking the seeking will be in the seeking will	st of my k f any exp cal treatm tolerated. s in my he et to do s ers, from a ear all cos	enowledge erience of nent for mi Any indic ealth and to to. I agree and agains sts related	and I free f pain dur edical co cation of s understar to hold st any an	eely give ring the nditions. such nd d all claims,
	Informed consent: The abomy permission to be massagesession. I understand this do I understand that no inapprobehavior will automatically elementated there is a lagree to update the matheat there shall be no liability harmless the establishment, claims. I agree to handle suitetc., are groundless, false, a SIGNATURE:	ove information ged. I agree to i pes not deter moral periate commen and the session. I sage therapist on the therapist all management at its sole expand fraudulent. S:	is accur inform the le from s its or co tin regal st's part nt, inclusionse ar	rate to the beine therapist of seeking medianduct will be in the seeking medianduct will be in the seeking to changes should I forgulating volunteer and agree to be appeared by the seeking the seeking will be in the seeking will	st of my k f any exp cal treatm tolerated. s in my he et to do s ers, from a ear all cos	enowledge erience of nent for mi Any indic ealth and to to. I agree and agains sts related	and I free f pain dur edical co cation of s understar to hold st any an	eely give ring the nditions. such nd d all claims,
	Informed consent: The abomy permission to be massagesession. I understand this do I understand that no inapprobehavior will automatically elementated there is a lagree to update the matheat there shall be no liability harmless the establishment, claims. I agree to handle suitetc., are groundless, false, a SIGNATURE:	ove information ged. I agree to i pes not deter moral periate commen and the session. I sage therapist on the therapist all management at its sole expand fraudulent. S:	is accur inform the fee from s its or co. in regal st's part nt, inclu- bense ar	rate to the beine therapist of seeking medic nduct will be in the rate of the changes is should I forgoding voluntee and agree to be seeking.	st of my k f any exp cal treatm tolerated. s in my he et to do s ers, from a ear all cos	enowledge erience of nent for mi Any indic ealth and to to. I agree and agains sts related	and I free f pain dur edical co cation of s understar to hold st any an	eely give ring the nditions. such nd d all claims,
	Informed consent: The abomy permission to be massagesession. I understand this do I understand that no inapprobehavior will automatically elementated there is a lagree to update the matheat there shall be no liability harmless the establishment, claims. I agree to handle suitetc., are groundless, false, a SIGNATURE:	ove information ged. I agree to i ged. I agree to i ges not deter morpriate commen and the session. I sage therapist on the therapist all management at its sole expand fraudulent. S:	is accur inform the fee from s its or co. in regal st's part nt, inclu- bense ar	rate to the beine therapist of seeking medic nduct will be in the rate of the changes is should I forgoding voluntee and agree to be seeking.	st of my k f any exp cal treatm tolerated. s in my he et to do s ers, from a ear all cos	enowledge erience of nent for mi Any indic ealth and to to. I agree and agains sts related	and I free f pain dur edical co cation of s understar to hold st any an	eely give ring the nditions. such nd d all claims,
10 10 10 10 01 0:	Informed consent: The abomy permission to be massagesession. I understand this do I understand that no inapprobehavior will automatically elementated there is a lagree to update the matheat there shall be no liability harmless the establishment, claims. I agree to handle suitetc., are groundless, false, a SIGNATURE:	ove information ged. I agree to i ged. I agree to i ges not deter morpriate commen and the session. I sage therapist on the therapist all management at its sole expand fraudulent. S:	is accur inform the fee from s its or co. in regal st's part nt, inclu- bense ar	rate to the beine therapist of seeking medic nduct will be in the rate of the changes is should I forgoding voluntee and agree to be seeking.	st of my k f any exp cal treatm tolerated. s in my he et to do s ers, from a ear all cos	enowledge erience of nent for mi Any indic ealth and to to. I agree and agains sts related	and I free f pain dur edical co cation of s understar to hold st any an	eely give ring the nditions. such nd d all claims,
	Informed consent: The abomy permission to be massagesession. I understand this do I understand that no inapprobehavior will automatically elementated there is a lagree to update the matheat there shall be no liability harmless the establishment, claims. I agree to handle suitetc., are groundless, false, a SIGNATURE:	S:	is accur inform the fee from s its or co. in regal st's part nt, inclu- bense ar	rate to the beine therapist of seeking medic nduct will be in the rate of the changes is should I forgoding voluntee and agree to be seeking.	st of my k f any exp cal treatm tolerated. s in my he et to do s ers, from a ear all cos	enowledge erience of nent for mi Any indic ealth and to to. I agree and agains sts related	and I free f pain dur edical co cation of s understar to hold st any an	eely give ring the nditions. such nd d all claims,
	Informed consent: The abomy permission to be massagesession. I understand this do I understand that no inapprobehavior will automatically elementated there is a lagree to update the matheat there shall be no liability harmless the establishment, claims. I agree to handle suitetc., are groundless, false, a SIGNATURE:	S:	is accur inform the fee from s its or co. in regal st's part nt, inclu- bense ar	rate to the beine therapist of seeking medic nduct will be in the rate of the changes is should I forgoding voluntee and agree to be seeking.	st of my k f any exp cal treatm tolerated. s in my he et to do s ers, from a ear all cos	enowledge erience of nent for mi Any indic ealth and to to. I agree and agains sts related	and I free f pain dur edical co cation of s understar to hold st any an	eely give ring the nditions. such nd d all claims,