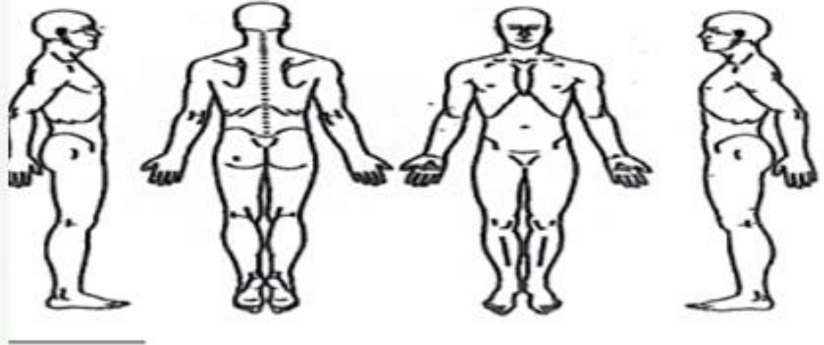
Serenity In Motion 48 Alcock Close Okotoks AB 403 519 3668 DATE:___________

INSURANCE PROVIDER: ____________________

PRESSURE PREFERED: COMBINATION: __ LIGHT: __ MEDIUM:__ THERAPEUTIC - DT:__

Check all that apply:

________	Breathing problems	_______	Depression
________	Bruise Easily	_______	Asthma
________	Carpal Tunnel	_______	Epilepsy
________	Diabetes	_______	Inflammation
________	Heart Problems (Pace M	_______	Hernia
________	High Blood Pressure	_______	Cancer
________	Medications	_______	Musculoskeletal Problems
________	Migraines	_______	Cold or Flu
________	Pregnant	_______	Arthritis
________	Sciatica	_______	Surgeries
________	Sinuses	_______	Irritated skin/ Sensitive
________	TMJ (jaw pain)	_______	Cuts / Burns / Bruises



NAME:___________________________ 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 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.

SIGNATURE: _________________________________ DATE:____________________________

ADDITIONAL INFO: *FOR OFFICE USE:*

Date__________ Session #_______

S:____________________________________

O:____________________________________

A:____________________________________

P:____________________________________

Date__________ Session #_______

S:____________________________________

O:____________________________________

A:____________________________________

P:____________________________________