## Client Information

Name_			_ Phone (	) _		DOB	
Addres	6S			City		State	Zip
E-mail:							
Referre	ed by:_					_Phone ()	
In case	of emo	ergency:				Phone ( )	
Occupation							
Health	Insura	nce Carrier					
medic care p Have y	al cond rovide	moment to carefully read the fol- lition or specific symptoms, mas r may be required prior to service r experienced a professional massag r massage or bodywork goals?	sage/bodywo e being prov e or bodywo	o <b>rk ma</b> v <b>ided.</b> rk sessio	y be co	Yes No How recently	from your primary
What kind of pressure do you prefer? ☐ light ☐ medium ☐ firm							
☐ Yes ☐ Home to the practition of the pra	No N	Do you have diabetes?  Do you experience frequent headached Are you pregnant?  Do you suffer from arthritis?  Are you wearing contact lenses?  Are you wearing dentures?  Do you have high blood pressure?  Are you taking high blood pressure may be adjusted to may ment and that I should see a physician, chiropractor, or other pressure and/or strokes may be adjusted to may ment and that I should see a physician, chiropractor, or other pressure may be pressure and/or strokes may be adjusted to may ment and that I should see a physician, chiropractor, or other pressure may be pressure and/or strokes may be adjusted to may ment and that I should see a physician, chiropractor, or other pressure may be pressure may be adjusted to may ment and that I should see a physician, chiropractor, or other pressure may be pressure may be adjusted to may ment and that I should see a physician, chiropractor, or other pressure may be pressure may be adjusted to may ment and that I should see a physician, chiropractor, or other pressure may be pressure may be adjusted to may ment and that I should see a physician chiropractor, or other pressure may be adjusted to may ment and that I should see a physician chiropractor, or other pressure may be adjusted to may ment and that I should see a physician chiropractor, or other pressure may be adjusted to may ment and that I should see a physician chiropractor, or other pressure may be adjusted to may ment and that I should see a physician chiropractor, or other pressure may be adjusted to may be a	edication? es?  se of relaxation and relevel of comfort. I furter qualified medical sprescribe, or treat any l conditions, I affirm that there shall be no liession, and I will be lia	Yes	No N	sage or bodywork should not be construed as r physical ailment of which I am aware. I und ss, and that nothing said in the course of the s nown medical conditions and answered all qu r's part should I fail to do so. I also understan cheduled appointment.	years? ness in a specific area?  llatory problems? n? abbing pains? pressure in any area? Explain below. r are you taking any about?  this session, I will immediately a substitute for medical examina- erstand that massage/bodywork ession given should be construed as sestions honestly. I agree to keep
		extract of Minor Providentials helps. The					and managed by the district of
Consent to Treatment of Minor: By my signature below, I hereby authorize							er massage, bodywork, or