## Tara's Touch & Wellness

Tara Lewallen CMP



About You  Yes _ No Do you frequently suffer from stress?  If so, how do you manage it?  Yes _ No Do you often experience headaches or migraines?  Yes _ No Do you bave tension or soreness in your body? Please specify  Yes _ No Do you bruise easily?  Yes _ No Do you bruise easily?  Yes _ No Do you bruise easily?  Yes _ No Do you suffer from joint swelling? Please Specify  Yes _ No Do you suffer from joint swelling? Please Specify  Yes _ No Do you have numbness, tingling or stabbing pains?  Yes _ No Do you have numbness, tingling or stabbing pains?  Yes _ No Are you pregnant?  Yes _ No Are you pregnant?  Yes _ No Do you have narthritis? Please Specify  Yes _ No Do you have fish blood pressure?  Yes _ No Do you have high blood pressure?  Yes _ No Do you have raised varicose veins?  Yes _ No Do you have any contagious diseases? Please Specify  Yes _ No Do you have any contagious diseases? Please Specify  Yes _ No Do you have osteoporosis?  Yes _ No Do you have osteoporosis?  Yes _ No Do you have osteoporosis?  Yes _ No Do you have may allergies? Please Specify  Yes _ No Other medical conditions or medications I should know about?  Massage Preferences  Have you experienced a professional massage session before? _ Yes _ No How long ago? Regularly? _ Yes _ No What are your goals for todays session?  What kind of pressure do you prefer? _ light _ medium _ firm _ Any areas of the body you would like to avoid?  Which area of the body is your favorite to be massaged? May I use hot stones during your massage? _ Yes _ No	Name					
E-mail:	Address	City			_State	_ Zip
Occupation Referred by: Phone (	E-mail:		P	hone (	)	
About You Yes No Do you frequently suffer from stress? If so, how do you manage it? Yes No Do you have tension or soreness in your body? Please specify Yes No Do you have tension or soreness in your body? Please specify Yes No Do you have tension or soreness in your body? Please specify Yes No Do you have tension or soreness in your body? Please specify Yes No Do you suffer from joint swelling? Please Specify Yes No Do you suffer from joint swelling? Please Specify Yes No Do you suffer from joint swelling? Please Specify Yes No Do you have injuries in the past two years? Please Specify Yes No Do you have numbness, tingling or stabbing pains? Yes No Do you have single your suffer from arthritis? Please Specify Yes No Do you have diabetes? Yes No Do you have injuries in the past two years? Yes No Do you have cardiac or circulatory problems? Yes No Do you have cardiac or circulatory problems? Yes No Do you have any contagious diseases? Please Specify Yes No Do you have any contagious diseases? Please Specify Yes No Do you have any contagious diseases? Please Specify Yes No Do you have any contagious diseases? Please Specify Yes No Do you have any contagious diseases? Please Specify Yes No Do you have any contagious disease? Please Specify Yes No Do you have any contagious disease? Please Specify Yes No Do you have any contagious disease? Please Specify Yes No Do you have diabeted and the massage of the you experienced a professional massage session before? Yes No How long ago? Regularly? Yes No May I use hot stones during your massage? Yes No May I use hot stones during your massage? Yes No May I use hot stones during your massage? Yes No May I use thot stones during your massage? Yes No May I use tho	Occupation	Referred by	/:	,		
Yes No Do you frequently suffer from stress?  Yes No Do you often experience headaches or migraines?  Yes No Do you often experience headaches or migraines?  Yes No Do you often experience headaches or migraines?  Yes No Do you brave tension or soreness in your body? Please specify  Yes No Do you bruise easily?  Yes No Do you bruise easily?  Yes No Do you bruise properly suffer from pain?  If so, where & how do you manage it?  Yes No Do you have might gor stabbing pains?  Yes No Do you have might gor stabbing pains?  Yes No Any serious injuries in the past two years? Please Specify  Yes No Are you pregnant?  Yes No Do you have diabetes?  Yes No Do you have diabetes?  Yes No Do you have diabetes?  Yes No Do you have from epilepsy or seizures?  Yes No Do you have from epilepsy or seizures?  Yes No Do you have raised varicose veins?  Yes No Do you have any allergies? Please Specify  Yes No Do you have any allergies? Please Specify  Yes No Do you have any allergies? Please Specify  Yes No Do you have often proposis?  Yes No Do you have often proposis.  Yes No Do you have often proposis?  Yes No Do you have often proposis?  Yes No Do you have often proposis.  Yes No Do	In case of emergency:		Phone (	)		
Yes No Do you frequently suffer from stress?  Yes No Do you often experience headaches or migraines?  Yes No Do you often experience headaches or migraines?  Yes No Do you often experience headaches or migraines?  Yes No Do you brave tension or soreness in your body? Please specify  Yes No Do you bruise easily?  Yes No Do you bruise easily?  Yes No Do you bruise properly suffer from pain?  If so, where & how do you manage it?  Yes No Do you have might gor stabbing pains?  Yes No Do you have might gor stabbing pains?  Yes No Any serious injuries in the past two years? Please Specify  Yes No Are you pregnant?  Yes No Do you have diabetes?  Yes No Do you have diabetes?  Yes No Do you have diabetes?  Yes No Do you have from epilepsy or seizures?  Yes No Do you have from epilepsy or seizures?  Yes No Do you have raised varicose veins?  Yes No Do you have any allergies? Please Specify  Yes No Do you have any allergies? Please Specify  Yes No Do you have any allergies? Please Specify  Yes No Do you have often proposis?  Yes No Do you have often proposis.  Yes No Do you have often proposis?  Yes No Do you have often proposis?  Yes No Do you have often proposis.  Yes No Do	About You					
If so, how do you manage it? Yes _ No Do you often experience headaches or migraines? Yes _ No Do you have tension or soreness in your body? Please specify Yes _ No Do you have tension or soreness in your body? Please specify Yes _ No Do you braise casily? Yes _ No Do you suffer from joint swelling? Please Specify _ Yes _ No Would you say you frequently suffer from pain?						
Yes No Do you often experience headaches or migraines? Yes No Do you brave tension or soreness in your body? Please specify Yes No Are you sensitive to touch or pressure in any area? Yes No Do you burise easily? Yes No Do you burise from joint swelling? Please Specify Yes No Do you suffer from joint swelling? Please Specify Yes No Do you have a numbness, tingling or stabbing pains? Yes No Do you have numbness, tingling or stabbing pains? Yes No Any serious injuries in the past two years? Please Specify Yes No Any serious injuries in the past two years? Please Specify Yes No Do you have numbness, tingling or stabbing pains? Yes No Do you have from arthritis? Please Specify Yes No Do you have diabetes? Yes No Do you have artised varicose veins? Yes No Do you have artised varicose veins? Yes No Do you have artised varicose veins? Yes No Do you have any contagious diseases? Please Specify Yes No Do you have any contagious diseases? Please Specify Yes No Do you have any allergies? Please Specify Yes No Do you have any allergies? Please Specify Yes No Do you have any allergies? Please Specify Yes No Do you have any contagious diseases? Please Specify Yes No Do you have any allergies? Please Specify Yes No Do you have any allergies? Please Specify Yes No Do you have any allergies? Please Specify Yes No Do you have any allergies? Please Specify Yes No Do you have any you go you favore to be massage? Yes No May I use hot stones during your massage? Yes No May I use hot stones during your massage? Yes No May I use muscle soothing creams and oils on your body? Yes No May I use muscle soothing creams and oils on your body? Yes No May I use muscle soothing creams and oils on your body? Yes No May I use muscle soothing creams and oils on your body? Yes No Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage? bodywork may be contrain						
Yes No Do you have tension or soreness in your body? Please specify Yes No Are you sensitive to touch or pressure in any area? Yes No Do you bruise easily? Yes No Do you suffer from joint swelling? Please Specify Yes No Do you suffer from joint swelling? Please Specify Yes No Do you have numbness, tingling or stabbing pains? Yes No Any serious injuries in the past two years? Please Specify  Medical History Yes No Any serious injuries in the past two years? Please Specify  Yes No Any serious injuries in the past two years? Please Specify  Yes No Do you suffer from arthritis? Please Specify  Yes No Do you suffer from arthritis? Please Specify  Yes No Do you suffer from epilepsy or seizures? Yes No Do you have high blood pressure? Yes No Do you have arised varicose veins? Yes No Do you have cardiac or circulatory problems? Yes No Do you have cardiac or circulatory problems? Yes No Do you have any contagious diseases? Please Specify Yes No Do you have any allergies? Please Specify Yes No Do you have any allergies? Please Specify Yes No Ob oyou have any allergies? Please Specify Yes No Other medical conditions or medications I should know about?  Massage Preferences Have you experienced a professional massage session before? Yes No How long ago? Regularly? Yes No Mat are your goals for todays session?  What kind of pressure do you prefer? light medium firm Any areas of the body you would like to avoid?  Which area of the body is your favorite to be massaged? May I use hot stones during your massage? Yes No May I use muscle soothing creams and oils on your body? Yes No May I use muscle soothing creams and oils on your body? Yes No May I use muscle soothing reams and oils on your body? Yes No May I use muscle soothing reams and oils on your body? Yes No May I use muscle soothing reams and oils on your body? Yes No May I use muscle soothing at he course of the sease given should be construed as such because massage bodywork increase in primary care provider may be required prior to service being provided.  Imméresated						
Yes No Do you bruise easily? Yes No Do you suffer from joint swelling? Please Specify Yes No Do you suffer from joint swelling? Please Specify Yes No Do you suffer from joint swelling? Please Specify Yes No Do you have numbness, tingling or stabbing pains? Yes No Do you have numbness, tingling or stabbing pains? Yes No Do you have numbness, tingling or stabbing pains? Yes No Do you be suffer from arthritis? Please Specify  Medical History Yes No Do you suffer from arthritis? Please Specify Yes No Do you have diabetes? Yes No Do you have diabetes? Yes No Do you have have jub blood pressure? Yes No Do you have have jub blood pressure? Yes No Do you have larged is plood pressure? Yes No Do you have cardiac or circulatory problems? Yes No Do you have cardiac or circulatory problems? Yes No Do you have cardiac or circulatory problems? Yes No Do you have any contagious diseases? Please Specify Yes No Do you have any altergies? Please Specify Yes No Do you have any altergies? Please Specify Yes No Do you have ony altergies? Please Specify Yes No Other medical conditions or medications I should know about?  Massage Preferences Have you experienced a professional massage session before? Yes No How long ago? Regularly? Yes No What are your goals for todayos session? What kind of pressure do you prefer? light medium _firm Any areas of the body you would like to avoid?  Which area of the body is your favorite to be massaged? May I use hot stones during your massage? Yes No May I use muscle soothing creams and oils on your body? Yes No Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.  Liustendard that the massage bodywork is provided to the bendancy bendance of the season gives about the constitution such that the massage bodywork is provided to a perform and the constitution of the protine						
Yes No Do you bruise easily? Yes No Do you suffer from joint swelling? Please Specify Yes No Would you say you frequently suffer from pain? If so, where & how do you manage it? Yes No Do you have numbness, tingling or stabbing pains? Yes No Any serious injuries in the past two years? Please Specify  Medical History Yes No Are you pregnant? Yes No Do you have diabetes? Yes No Do you have raised varicose veins? Yes No Do you have any contagious diseases? Please Specify Yes No Do you have any contagious diseases? Please Specify Yes No Do you have any contagious diseases? Please Specify Yes No Do you have any contagious diseases? Please Specify Yes No Do you have any contagious diseases? Please Specify Yes No Do you have any contagious diseases? Please Specify Yes No Do you have any allergies? Please Specify Yes No Do you have any allergies? Please Specify Yes No Other medical conditions or medications I should know about?  Massage Preferences Have you experienced a professional massage session before? Yes No How long ago? Regularly? Yes No What are your goals for todays session? What kind of pressure do you prefer? I light medium firm Any areas of the body you would like to avoid? Which area of the body is your favorite to be massaged? May I use hot stones during your massage? Yes No May I stretch your body during the massage? Yes No May I use muscle soothing creams and oils on your body? Yes No Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.  Itudestand that the massagebodywork tracein the provided of the basic purpose of relations on the pr						
Yes No No you suffer from joint swelling? Please Specify Yes No Would you say you frequently suffer from pain? If so, where & how do you manage it? Yes No Do you have numbness, tingling or stabbing pains? Yes No Any serious injuries in the past two years? Please Specify Wedical History Yes No Are you pregnant? Yes No Do you suffer from arthritis? Please Specify Yes No Do you have diabetes? Yes No Do you have high blood pressure? Yes No Do you have high blood pressure? Yes No Do you have raised varicose veins? Yes No Do you have cardiac or circulatory problems? Yes No Do you have arised varicose veins? Yes No Do you have arised varicose veins? Yes No Do you have any contagious diseases? Please Specify Yes No Do you have any contagious diseases? Please Specify Yes No Do you have any allergies? Please Specify Yes No Ob you have any allergies? Please Specify Yes No Ob you have any allergies? Please Specify Yes No Other medical conditions or medications I should know about?  Massage Preferences Have you experienced a professional massage session before? Yes No How long ago? Regularly? Yes No Mat kind of pressure do you prefer? Light medium firm Any areas of the body you would like to avoid?  What are your goals for todays's session?  Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.  Jandenshows and the massage hobywork and the contraindicated. A referral from your primary care provider may be required prior to service being provided.  Landenshows and the massage hobywork in the pressure and the massage of the body work may be contraindicated. A referral from your primary care provider may be required prior to service being provided.  Also the temperature of the pressure and the service of the pressure and the massage of the provided the massage of the provided that the massage hobyw						
		fv				
If so, where & how do you manage it?  Yes No Do you have numbness, tingling or stabbing pains?  Yes No Any serious injuries in the past two years? Please Specify  Medical History  Yes No Are you pregnant?  Yes No Do you suffer from arthritis? Please Specify  Yes No Do you suffer from arthritis? Please Specify  Yes No Do you have diabetes?  Yes No Do you have high blood pressure?  Yes No Do you have high blood pressure?  Yes No Do you have raised varicose veins?  Yes No Do you have raised varicose veins?  Yes No Do you have cardiac or circulatory problems?  Yes No Do you have any contagious diseases? Please Specify  Yes No Do you have any contagious diseases? Please Specify  Yes No Do you have any allergies? Please Specify  Yes No Do you have any allergies? Please Specify  Yes No Other medical conditions or medications I should know about?  Massage Preferences  Have you experienced a professional massage session before? Yes No How long ago?  Regularly? Yes No Mat are your goals for todayos session?  What are your goals for todayos session?  What kind of pressure do you prefer? light medium firm Any areas of the body you would like to avoid?  Which area of the body is your favorite to be massaged?  May I use hot stones during your massage? Yes No  May I stretch your body during the massage? Yes No  Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.  Inudentual data the massage/bodywork leaves to be interesting to the dependent of which a substitute for medical cambination, diagnost, inchapractor, or derivative data polisoment or provided in the construction as substitute for medical cambination. Happens of elabastane and united of measural or physical alumentane for medical cambination, diagnosis, or treatment and that is assain. Page to be been about the construction as substitute	Yes No Would you say you frequently suffer from pain	?				
	TC 1 0.1 1 1.0					
Medical History  Yes _ No Are you pregnant?  Yes _ No Do you suffer from arthritis? Please Specify						
_ Yes _ No Are you pregnant? _ Yes _ No Do you suffer from arthritis? Please Specify	, , , , , , , , , , , , , , , ,	J				_
Yes No Do you suffer from arthritis? Please Specify	Medical History					
_ Yes _ No Do you have diabetes? _ Yes _ No Do you have high blood pressure? _ Yes _ No Do you suffer from epilepsy or seizures? _ Yes _ No Do you have raised varicose veins? _ Yes _ No Do you have cardiac or circulatory problems? _ Yes _ No Do you have any contagious diseases? Please Specify _ Yes _ No Do you have any allergies? Please Specify _ Yes _ No Do you have any allergies? Please Specify _ Yes _ No Other medical conditions or medications I should know about? _ Yes _ No Other medical conditions or medications I should know about? _ Yes _ No Other medical conditions or medications I should know about? _ What are your goals for todays session?  What are your goals for todays session?  What ind of pressure do you prefer? _ light _ medium _ firm _ Any areas of the body you would like to avoid? _ Which area of the body is your favorite to be massaged? _ May I use hot stones during your massage? _ Yes _ No _ May I stretch your body during the massage? _ Yes _ No _ May I use muscle soothing creams and oils on your body? _ Yes _ No _ Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary _ care provider may be required prior to service being provided.  I understand that the massage-bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or disconting this session, I will immediately inform the practitioners of that the pressure and or selectal adjustments, diagnose, prescribe, or treat any physical or minetal that the session given should be construed as such. Because massage bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discontinof during this session, I will immediately inform the practitioners are not qualified to perform spinal or confort. I further, or thoughts and that nothing as dit that not	_ Yes _ No Are you pregnant?					
Yes _ No Do you have high blood pressure? Yes _ No Do you suffer from epilepsy or seizures? Yes _ No Do you have raised varicose veins? Yes _ No Do you have cardiac or circulatory problems? Yes _ No Do you have any contagious diseases? Please Specify	_ Yes _ No Do you suffer from arthritis? Please Specify					
_ Yes _ No Do you suffer from epilepsy or seizures? _ Yes _ No Do you have raised varicose veins? _ Yes _ No Do you have cardiac or circulatory problems? _ Yes _ No Do you have any contagious diseases? Please Specify	_ Yes _ No Do you have diabetes?					
Yes _ No Do you have raised varicose veins? Yes _ No Do you have cardiac or circulatory problems? Yes _ No Do you have any contagious diseases? Please Specify Yes _ No Do you have osteoporosis? Yes _ No Do you have any allergies? Please Specify Yes _ No Other medical conditions or medications I should know about?  Massage Preferences Have you experienced a professional massage session before? Yes _ No How long ago? Regularly? Yes _ No What are your goals for todayos session?  What kind of pressure do you prefer? _ light _ medium _ firm _ Any areas of the body you would like to avoid?  Which area of the body is your favorite to be massaged? May I use hot stones during your massage? Yes _ No May I stretch your body during the massage? Yes _ No May I use muscle soothing creams and oils on your body? Yes _ No Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.  I understand that the massage-bodywork I receive is provided for the basic purpose of relaxation and relief of muscular ension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes myb sedipated to ny level of confort. Horther understand that the massage bodywork I receive adjusted to ny level of confort. Horther understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or reatment and that I should see a physician, chropmactor, or other qualified medical specialist for any mental or physical aliment of which I am aware. I understand that massage bodywork whould not be performed under certain medical conditions, I affirm that I have stated all ny thron understand and questions boneatly. I agree to keep the practitioner and practitioners are not qualified to perform spinal case t	_ Yes _ No Do you have high blood pressure?					
_ Yes _ No Do you have cardiac or circulatory problems? _ Yes _ No Do you have any contagious diseases? Please Specify	_ Yes _ No Do you suffer from epilepsy or seizures?					
_ Yes _ No Do you have osteoporosis? _ Yes _ No Do you have any allergies? Please Specify _ Yes _ No Other medical conditions or medications I should know about?  Massage Preferences  Have you experienced a professional massage session before? _ Yes _ No						
YesNo Do you have any allergies? Please Specify		pecify				
Massage Preferences Have you experienced a professional massage session before? _Yes _ No _ How long ago? Regularly? _Yes _ No What are your goals for todays session? What kind of pressure do you prefer? _ light _ medium _ firm _ Any areas of the body you would like to avoid? Which area of the body is your favorite to be massaged? May I use hot stones during your massage? _ Yes _ No _ May I stretch your body during the massage? _ Yes _ No _ May I use muscle soothing creams and oils on your body? _ Yes _ No _ Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.  I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If lexperience any pain or discomford during this session, I will immediately inform the practitioners to that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical aitment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/ bodywork should not be performed under certain medical conditions, I affirm that I have stated all lims, known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioners part should I fail to do so.  Client Si						
Massage Preferences Have you experienced a professional massage session before? _ Yes _ No _ How long ago? Regularly? _ Yes _ No What are your goals for today® session?  What kind of pressure do you prefer? _ light _ medium _ firm _ Any areas of the body you would like to avoid? May I use hot stones during your massage? _ Yes _ No May I stretch your body during the massage? _ Yes _ No _ May I use muscle soothing creams and oils on your body? _ Yes _ No _ Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.  I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my kevel of comfort. I fruit understand that massage or bodywork should act as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork should not be performed under certain medical conditions or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/ bodywork should not be performed under certain medical conditions or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/ bodywork should not be performed under certain medical conditions or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/ bodywork should not be performed under certain medical conditions and answered all my known medical conditions and answere						
Have you experienced a professional massage session before? _ Yes _ No How long ago? Regularly? _ Yes _ No What are your goals for todayøs session? What kind of pressure do you prefer? _ light _ medium _ firm Any areas of the body you would like to avoid? Which area of the body is your favorite to be massaged? May I use hot stones during your massage? _ Yes _ No May I stretch your body during the massage? _ Yes _ No May I use muscle soothing creams and oils on your body? _ Yes _ No Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.  I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tenson. If 1 experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental illness, and than tothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner when the practitioner we not provided as to any changes in my medical profile and understand that there shall be no liability on the practitioners part should I fail to do so.  Client Signature Date	_ Yes _ No Other medical conditions or medications I shoul	ld know about?_				
Have you experienced a professional massage session before? _ Yes _ No How long ago? Regularly? _ Yes _ No What are your goals for todayøs session? What kind of pressure do you prefer? _ light _ medium _ firm Any areas of the body you would like to avoid? Which area of the body is your favorite to be massaged? May I use hot stones during your massage? _ Yes _ No May I stretch your body during the massage? _ Yes _ No May I use muscle soothing creams and oils on your body? _ Yes _ No Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.  I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tenson. If 1 experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental illness, and than tothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner when the practitioner we not provided as to any changes in my medical profile and understand that there shall be no liability on the practitioners part should I fail to do so.  Client Signature Date	Massage Preferences					
What are your goals for today& session?  What kind of pressure do you prefer? _ light _ medium _ firm Any areas of the body you would like to avoid?  Which area of the body is your favorite to be massaged?		e? Yes No	How long ag	o?	Regu	larly? Yes No
Which area of the body is your favorite to be massaged?	What are your goals for today session?		88			, , , , , , , , , , , , , , , , , , ,
May I stretch your body during the massage? _ Yes _ No		rm Any areas o	of the body you	would like	to avoid?	
Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.  I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/ bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioners part should I fail to do so.  Client Signature  Date  Consent to Treatment of Minor: By my signature below, I hereby authorize the use of massage and bodywork techniques to my child or dependent.	Which area of the body is your favorite to be massaged?		_ May I use ho	ot stones du	ring your m	assage? _ Yes _ No
medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.  I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioners part should I fail to do so.  Client Signature						
medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.  I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/ bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioners part should I fail to do so.  Client Signature	Please take a moment to carefully read the follow	ing information	ı and sion whe	re indicate	d If you he	ve a specific
Care provider may be required prior to service being provided.  I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioners part should I fail to do so.  Client Signature						
I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioners part should I fail to do so.  Client Signature  Date  Consent to Treatment of Minor: By my signature below, I hereby authorize the use of massage and bodywork techniques to my child or dependent.						your primary
diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitionerss part should I fail to do so.  Client Signature	I understand that the massage/bodywork I receive is provided for the basic purpose of relationships and the state of the basic purpose of relationships and the state of the basic purpose of relationships are stated as the state of the basic purpose of the basic	xation and relief of muscu	lar tension. If I experience	any pain or discor		
such. Because massage/ bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioners part should I fail to do so.  Client Signature	diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified	medical specialist for any	mental or physical ailmen	nt of which I am av	vare. I understand the	nat massage/bodywork
Client Signature Date  Consent to Treatment of Minor: By my signature below, I hereby authorize the use of massage and bodywork techniques to my child or dependent.						
	Client Signature			Date		
	Consent to Treatment of Minor: By my signature below, I hereby authorize	e the use of massage	e and bodywork tec	chniques to my	child or deper	 ndent.
				_		

Would you like to be informed about Price Specials? \_\_\_ Yes \_\_\_ No Circle best contact source Text or Email

Gift Certificates are available for specified monetary amounts or for specific services.

Referral Program: If you refer a friend, you will receive \$10 off your next appointment! Thank you in advance!! ©