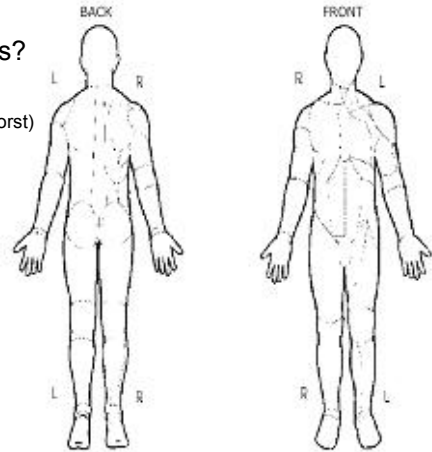


General & Medical Information

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a professional massage or bodywork session?
		Do you prefer light, medium or deep pressure?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a bad experience with massage? (Explanation optional.)
<input type="checkbox"/>	<input type="checkbox"/>	Do you have tension or soreness in a specific area? If yes, what areas?
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently suffering an unusual amount of stress?
<input type="checkbox"/>	<input type="checkbox"/>	Rate your current stress level from 1 to 10. (10 being the worst)
<input type="checkbox"/>	<input type="checkbox"/>	Do you experience frequent headaches?
<input type="checkbox"/>	<input type="checkbox"/>	Are you pregnant?
<input type="checkbox"/>	<input type="checkbox"/>	Are you wearing contact lenses?
<input type="checkbox"/>	<input type="checkbox"/>	Are you diabetic?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have high blood pressure?
<input type="checkbox"/>	<input type="checkbox"/>	If you high blood pressure, are you taking medication for this?
<input type="checkbox"/>	<input type="checkbox"/>	Are you epileptic?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had surgery? If yes, what was the procedure – and when did you have it?
<input type="checkbox"/>	<input type="checkbox"/>	Have you broken any bones in the last 2 years? If yes, what bones and when?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have cardiac or circulatory problems?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have numbness, stabbing pains, pins & needles or burning sensations anywhere?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any other medical condition I should be aware of? If yes, please list.



Because massage/bodywork is contraindicated (should not be done) under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep my therapist updated as to any changes in my medical profile, and understand that there shall be no liability on the therapist's part should I forget to do so.

Signature

Date