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GENERAL HEALTH HISTORY INTAKE

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none: (<u>)</u>		Email:			
Nay we add you to our e-	mail list to receive occas	sional annound	cements about promotions a	and updates? Yes N	No
Date of Birth:		_ Occupation	າ:		
mergency Contact:			Phone:		
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Please describe the reason	n for your visit today:				
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Are you pregnant? Yo					
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Are you currently undergong f yes, please complete the Have you had a profession of yes, was there anything where you experiencing except fyes, please explain: Please check any condition contagious skin condition open sores or wounds easy bruising recent accident or injury recent surgery artificial joint	oing cancer treatment or e Oncology Massage Int nal massage before? you particularly liked or essive or unexpected stre n listed below that applie () phlebitis () deep vein thrombosis () arthritis/bursitis () osteoporosis () epilepsy () headaches/migraines	r have you ever take Form Yes No disliked about ess in your wor es to you: is/blood clots	r been treated for cancer? o t your past massage treatme rk, family, or other aspect of () allergies to oils or perfume () high/low blood pressure () circulatory disorder () varicose veins () TMJ () carpal tunnel syndrome	() broken bones () heart condition () HIV () scoliosis () tumors, cysts () whiplash	

I affirm that I have stated all my known medical condition and answered all questions honestly. I agree to keep the 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 fail to do so.

I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension.

I understand that the massage therapist does not diagnose illness, disease, or any other physical or mental disorder. As such, the massage therapist does not prescribe medical treatment, or pharmaceuticals, nor does the therapist perform any spinal manipulations.

I understand that I have the right to terminate a massage therapy session at any time should I feel that the treatment I am receiving is inappropriate and/or not fulfilling the treatment goals set by myself and the massage therapist.

I understand that any inappropriate behavior on my part will lead to the immediate termination of my treatment by my massage therapist, and that payment for the full session will be required.

I understand that when I make an appointment, that time is reserved exclusively for me. I will remit payment for any appointments not cancelled at least 24 hours in advance (baring illness or emergency.)

I have read and understand the above conditions and policies.

(Signed)		
(Dated)		