

Medical Questionnaire – Confidential Information

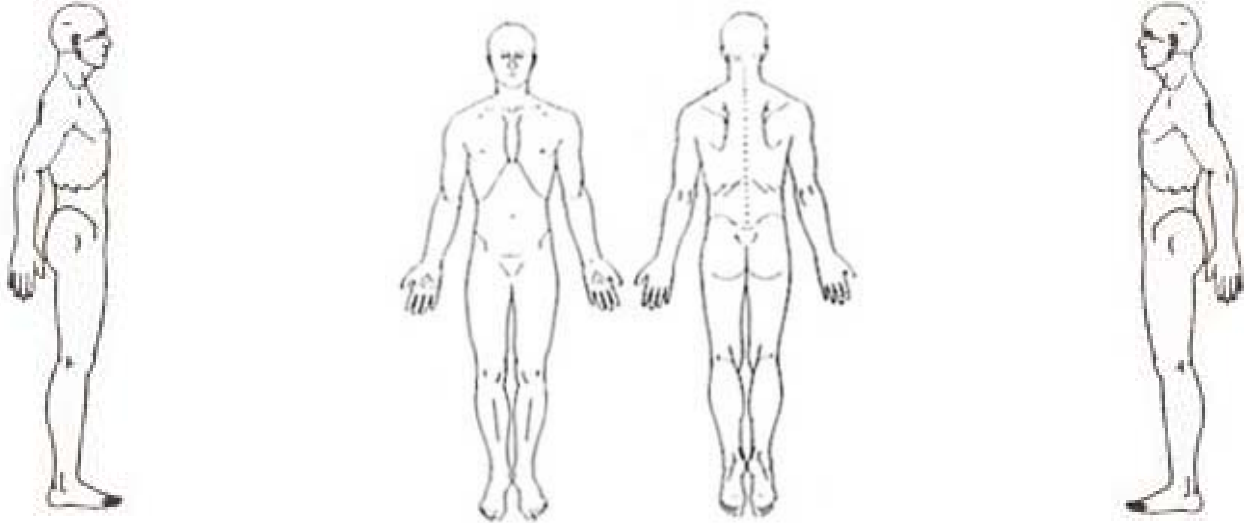
Do you have any allergies to:

Medications Reactions to skin care products Foods (nuts, etc) Environmental allergens (dust, pollen, fragrances)

If any of the above are checked, please give details:

Are you wearing: Contact Lenses Hearing Aid Hairpiece Dentures

Please indicate with an (X), if any, the areas in which you are feeling discomfort:



What are your goals/expectations for this therapy session?

The following sometimes occurs during massage. They are normal responses to relaxation. Trust your body to express what it needs to: need to move or change position; sighing; yawning; change in breathing; stomach gurgling; emotional feelings and/or expression; movement of intestinal gas; energy shifts; falling asleep; memories.

INFORMED CONSENT POLICY

I understand that although massage therapy can be very therapeutic, relaxing and reduce muscular tension, it is not a substitute for medical examination, diagnosis and treatment. This is a therapeutic massage and any sexual remarks or advances will terminate the session and I will be liable for payment of the scheduled treatment. Being that massage should not be done under certain medical conditions, I affirm that I have answered all questions pertaining to medical conditions truthfully.

CANCELLATION POLICY

If you are unable to keep your appointment, kindly give 24 hours notice. Full payment will be charged for missed appointments. No excuses please.

I have read, understood and agreed to the above terms.

Signature

Date