

YES NO (cont.)

___ ___ Do you have cardiac or circulatory problems? _____

___ ___ Do you suffer from back pain? _____

___ ___ Do you have any numbness, or stabbing pains anywhere? _____

___ ___ Do you have any other medical condition I should be aware of? _____

___ ___ Are you very sensitive to touch/pressure in any areas? _____

Any questions you answered YES to, will be discussed with you prior to your session. Please take a moment and carefully read the following information and sign where indicated. Thank you.

I understand that the bodywork/massage I receive is provided for the basic purpose of relaxation, stress reduction, 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 bodywork/massage 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 that I am aware of.

I understand that bodywork/massage therapist 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(s) given should be construed as such.

Because bodywork/massage is contraindicated (should not be done) under certain medical conditions, I affirm that I have stated all my know 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 practitioner's part should I forget to do so.

I understand that a 24 hour cancellation notice is necessary or a full fee will be charged.

I understand that payment is due when services are rendered.

Signed _____ **Date** _____

Practitioner _____ **Date** _____