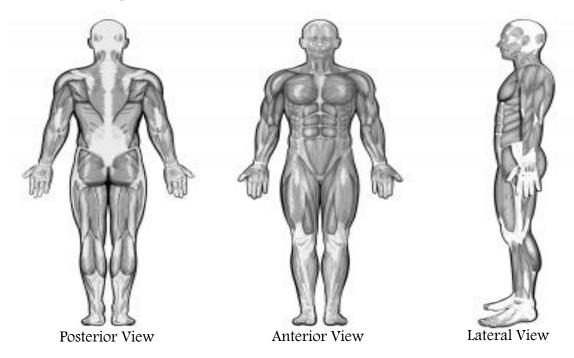
## \* Body & Sole \* Therapeutic Massage Heal the body. Relax your soul.

Office Use Only:
☐ Software Entry
☐ Thank You Sent
☐ Form Scanned

Health 1	History Information:			
Name		Date		
Address				
City		ate Zip		
DOB Em	ail			
		hone Carrier		
Occupation				
		Phone		
		actor		
Have you received massage therapy before No Yes* *How long ago & Frequency Reason for today's massage treatment Deep  Preferred Pressure Type Light Deep  How did you hear about Body & Sole Therapeutic Massage				
Are you currently under medical care No Yes* *Please explain Please list all current medication Please list any major surgeries Do you exercise No Yes* *Type of exercise & Frequency Please circle any conditions / symptoms currently or recently experienced				
Acne	Joint Problems			
AIDS (HIV)	Kidney Disease			
Allergies	Lung Disease	Pregnancy		
Arthritis Athlete's Foot Back Pain / Tension Cancer / Constipation Depression / Anxiety Diabetes Fibromyalgia	Migraines / Headaches Multiple Sclerosis Muscle Sprain / Strain Parkinson's Disease Pregnancy* Psoriasis / Eczema Scoliosis	Term: 1 2 3  How Many Weeks?  Do you have any of the following:  Physicians Approval  Preeclampsia / Toxemia  Premature Labor Symptoms		
Heart Disease High Blood Pressure Hives / Shingles Joint Dislocation	Stroke Thyroid Disease Varicose Vein Other	Please continue on back		

Please place an 'X' below on all areas of discomfort / tension.



Clients should understand that the purpose of massage is for relaxation and muscular pain / tension. Please notify the myself immediately if you should experience any pain or discomfort during treatment. Massage should NOT be construed as a substitute for medical exam, diagnosis, or treatment. You should continue to see a physician, chiropractor or other medical specialist for any medical or physical conditions / symptoms. It is your responsibility to keep me informed of any changes to your medical history or any new medication you are taking. I will not be held liable if you fail to do so.

## Cancellation Policy

You may cancel your appointment without charge up to 24 hours in advance.

This is a courtesy to myself, as I have reserved your appointment time for you.

Same day cancellations will be charged at 50% scheduled price.

If you do not call at least 2 hours in advance or fail to show up for your scheduled appointment, you will be charged full scheduled price. Appointment reminders are available via text and/or email, but I will not be responsible for any technical difficulties.

Please make sure to write your appointment day and time down in a secure place.

Signature	Date
0	