HEALTH INFORMATION

| | CHEIN THINGS | |
|------|--|--|
| (a) | Are you frequently stressed? Y N | Have you had any broken bones in the pas 2 years? Y N If yes, where? |
| | Do you experience frequent headaches? Y N | Have you had any surgeries in the past 2 |
| | ST FORE CHECKEROUSE FOR IS LEADING A PARKET PARKET PARKET. | years? Y N |
| | Are you diabetic? Y N If yes, are you taking Medication? | g charged for a session. |
| | session. Draping practices are followed as my | wheel by the State of Micsoura Laccusing |
| | Do you have high blood pressure? Y N Do you take medication? | Please list any other medical conditions or medications that I should know about. |
| | Are you pregnant? Y N | |
| | Do you have any joint swelling? Y N | |
| | Do you have osteoporosis? Y N | |
| | Do you have varicose veins? Y N | AC BURGILBARIO SE PULI SUMBON Y PARE DA POR MAN |
| | I agree to keep the practitioner updated as to a | my charges in my medical prome page |
| | What are your goals for your massage session? | |
| leas | se mark an x where you normally feel | pain or discomfort- |
| | individuals. I understand that massage/ pode to | ore predictables are not quadred to perform the or treat any obysical or mental libres, |
| - | taid a granage for 24-48 bonns sitter treatment | ENG THE THIS IS DELICE OF HELLING FOR SOME |
| | I will immediately inform the practitionar ac- adjusted to my lead of prafort. A understand t | rat the pressure and for strokes may be |
| | I understand that De reaseac/bodywork recorderation and any outs reasion. If I experient | ce only provided for the bank purpose of the symptom of the contract of the co |
| | Please it ad and sign the Inform | of Consect: |
| | | |

