

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Referred by \_\_\_\_\_  
Occupation \_\_\_\_\_ Birthdate \_\_\_\_\_

Have you ever had a professional massage or bodywork session? \_\_\_Yes \_\_\_No  
What kind of pressure do you prefer? \_\_\_Light \_\_\_Medium \_\_\_Deep

In order to make your massage safe, relaxing and beneficial please review this list and mark those conditions that have affected your health.

- Yes Trouble sleeping
- Yes Diabetes
- Yes Frequent headaches
- Yes High blood pressure
- Yes Epilepsy or seizures
- Yes Stroke
- Yes Thyroid condition
- Yes Joint swelling or arthritis
- Yes TMJ (Temporomandibular Joint Disorder)
- Yes Whiplash
- Yes Osteoporosis
- Yes Back pain or disk herniation
- Yes Skin Conditions Please specify: \_\_\_\_\_
- Yes Cardiac or circulatory problems  
Please specify: \_\_\_\_\_
- Yes Contagious diseases Please specify: \_\_\_\_\_
- Yes Allergies or sensitivities (nuts, scents, etc)  
Please specify: \_\_\_\_\_
- Yes Broken bones or injuries in the last two years  
Please specify: \_\_\_\_\_
- Yes Other medical condition or medication  
Please specify: \_\_\_\_\_
- Yes Surgery Please specify: \_\_\_\_\_
- Yes Are you or could you be pregnant? Due Date: \_\_\_\_\_

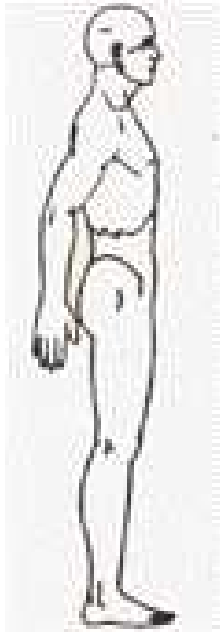
**Office Use Only**  
P: \_\_\_\_\_  
DB: \_\_\_\_\_ FB: \_\_\_\_\_

The following sometimes occur during massage.

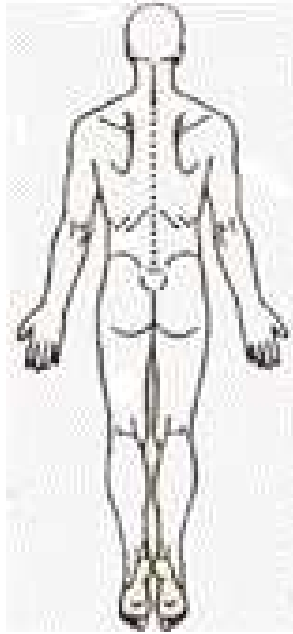
They are normal responses to relaxation. Trust your body to express what it needs to.

- ◆ Need to move or change position
- ◆ Sighing, yawning, change in breathing
- ◆ Stomach gurgling
- ◆ Emotional feelings and/or introspection
- ◆ Passing gas
- ◆ Energy shifts
- ◆ Falling asleep
- ◆ Asking questions or conversing

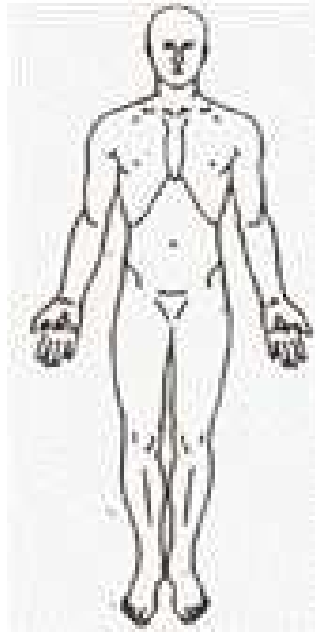
Please  the areas which you would like me to focus on and  any to avoid.



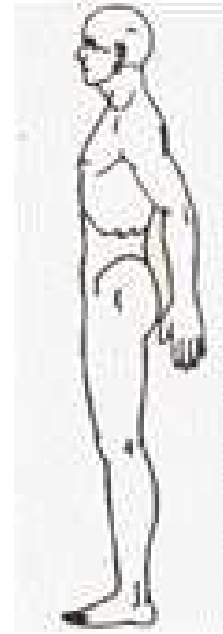
Right side



Back



Front



Left Side

Please read the following information and sign below:

- ◆ 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.
- ◆ Being that massage should not be done under certain medical conditions, I affirm that I have answered all questions pertaining to medical conditions truthfully and will update Miriam Janove of changes to my medical profile.
- ◆ 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.
- ◆ I understand that Miriam Janove has a 24 hour cancellation policy and I will be charged for appointments cancelled within 24 hours.
- ◆ By signing this release, I hereby waive and release Miriam Janove from any and all liability, past, present and future relating to massage therapy and bodywork.

Signature\_\_\_\_\_ Date\_\_\_\_\_