## Current Conditions

Please list any other medications, vitamins, herbs, or supplements, not listed previously or any changes/additions

| Medication/Supplement | Reason for taking (if known) | Therapist Notes |
| :--- | :--- | :--- |
|  |  |  |
|  |  |  |
|  |  |  |

Have you consumed any of the following in the last 24 hours:

| Y/N |  |  | (Please list substance \& approximate amount) |
| :--- | :--- | :--- | :--- |
|  | Caffeine |  |  |
|  | Tobacco |  |  |
|  | Therapist Notes |  |  |
|  | Prescribed Drugs |  |  |
|  | Non-Prescription Drugs |  |  |
|  | Alcohol |  |  |

Mark any of the following conditions that apply to you today.

| Y/N | Location |  |
| :--- | :--- | :--- |
|  | Port or Medication Pump |  |
|  | Bruises |  |
|  | Burns/Sunburn |  |
|  | Swelling |  |
|  | Headache |  |
|  | Pain/Stiffness |  |
|  | Rash/Skin Problem |  |
|  | Muscle Strains/Sprains |  |
|  | Fractures |  |
|  | Cuts |  |


| Y/N |  |
| :---: | :---: |
|  | Pacemaker |
|  | Pregnant |
|  | Breastfeeding |
|  | Menstruating |
|  | Infection |
|  | Cold/Flu |
|  | Wearing Dentures |
|  | Wearing Braces |
|  | Wearing Contacts |
|  | Anxious/Upset |

## Please read the following and sign/date below.

1. ) I understand that massage services are designed to be a health aid and are not a replacement for medical treatment. I am aware that the massage therapist does not diagnose disease or prescribe medications. Information exchanged during any massage session is educational in nature and is intended to help me become more aware of my own health status and is to be used at my discretion.
2.) I give authorization to Randi S. Gutierrez to disclose my personal medical information to other health care professionals as she deems necessary for my care. This is in accordance to the HIPPA act of 2003.
3.) I also acknowledge that if I am uncomfortable for any reason during the session, I can end the massage immediately.
4.) An individual who wishes to file a complaint against a massage therapist may call 1-800-942-5540 or write to: Complaints Management and Investigation Section, P.O. Box 141369, Austin, Texas, 78714-1369.
5.) I understand and agree that I am still responsible for payment if I cancel an appointment with less than 24 hours notice.
