Cur	rent Conditions						
Pleas	e list any other medication	s, vitamins, herb	s, or suppl	ement	ts, not listed prev	riously or any changes/additions	
Medication/Supplement		Reason for taking (if known)			Thera	Therapist Notes	
<u> </u>		1					
Have	you consumed any of the	following in the I	ast 24 hou	rs:			
Y/N	•	(Please list substance &)		
	Caffeine			Therapi	ist Notes		
	Tobacco						
	Prescribed Drugs						
	Pain Medication						
	Non-Prescription Drugs						
	Alcohol					_	
	6.1 6.11 1						
	any of the following condi		to you toda	•			
Y/N	D . A4 !: .: D	Location		Y/N	I ₂ ,	_	
	Port or Medication Pump				Pacemaker		
	Bruises				Pregnant		
	Burns/Sunburn				Breastfeeding		
	Swelling				Menstruating	_	
-	Headache				Infection		
	Pain/Stiffness				Cold/Flu		
	Rash/Skin Problem				Wearing Dentur	es	
	Muscle Strains/Sprains				Wearing Braces		
	Fractures				Wearing Contac	ets	
	Cuts				Anxious/Upset		
1.) l awa sess	re that the massage therapis	ervices are design at does not diagno	se disease	or pre	scribe medication	replacement for medical treatment. I am s. Information exchanged during any massage by own health status and is to be used at my	
	give authorization to Randi S ms necessary for my care. Th					tion to other health care professionals as she	
3.) I	also acknowledge that if I ar	m uncomfortable	for any reas	son du	iring the session, I	can end the massage immediately.	
	n individual who wishes to f agement and Investigation S	, -		-		1-800-942-5540 or write to: Complaints	
5.) I	understand and agree that I	am still <u>responsik</u>	ole for payn	<u>nent</u> if	I cancel an appoi	ntment with <u>less than 24 hours notice</u> .	
<u></u>	A/Consuling Circuit		Dati			Massaca Thomasial Circuit and	
Clie	nt/Guardian Signature		Date			Massage Therapist Signature	