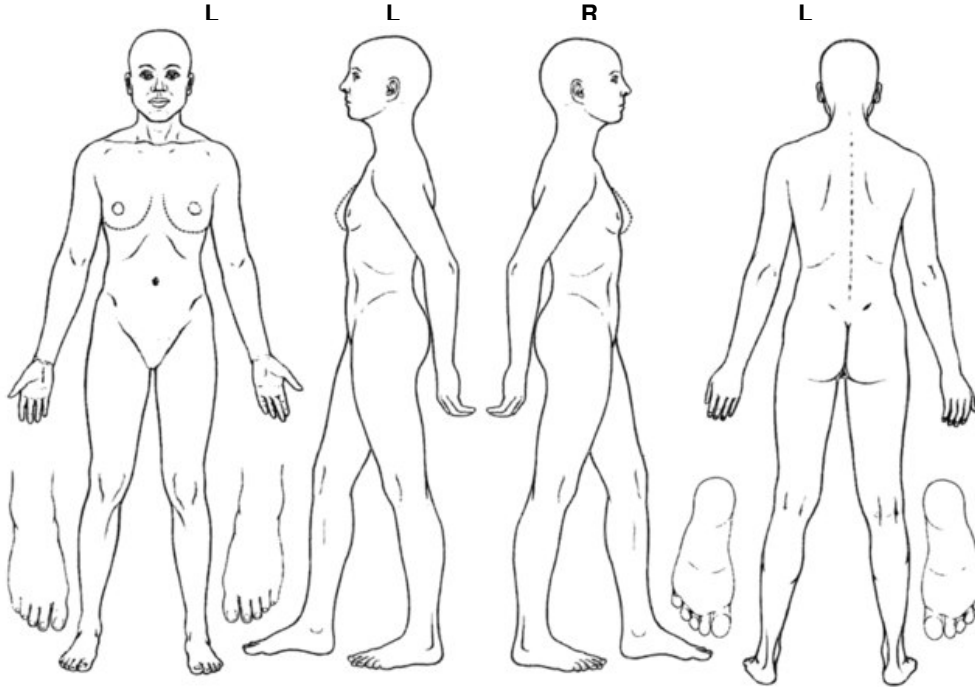


BODYWORK - HEALTH HISTORY QUESTIONNAIRE – B

Pain - Injury Profile (Shade in areas of pain, discomfort or injury)



Therapist Notes

Plan: _____

Please take a moment to carefully read the following and sign below.

The above information is accurate to the best of my knowledge and I freely give my permission to receive bodywork / massage. If at any time I feel uncomfortable or for any reason I may choose to end the massage early. I understand that the therapist may end the session early when the safety and wellness of the client is determined by the therapist to be best served by ending the massage. Since massage is contraindicated for some serious medical conditions, it may be necessary to obtain a doctor's release or prescription before beginning any therapy. I agree to inform the therapist of any experience of pain or discomfort during this session. I understand that massage should not be construed as a substitute for medical examination, diagnosis, or opinion and that I should seek a medical or chiropractic physician or other health-care specialist for diagnosis. I agree to update the massage therapist in regard to changes in my health and understand that there shall be no liability on the part of the therapist should I forget to do so. I agree to give the therapist a 24-hour notice or provide an alternate client should I not be able to show up for a previously scheduled appointment in order to avoid charges for that session.

I have read and fully understand ALL of the information outlined above.

Clients Signature

Date