

____ Recent surgery or injury _____
____ Muscular problems _____
____ Joint problems _____
____ High or Low Blood Pressure _____
____ Neurologic conditions _____
____ Digestive conditions _____
____ Immune system conditions _____
____ Skeletal conditions _____
____ Headaches/Migraines _____
____ Cancer _____
____ Varicose Veins _____
____ Psychological conditions _____
____ Previous surgery, disease, or other medical condition that may be affecting you now _____
____ Other: _____

I understand that I should see a doctor or other appropriate health care provider for diagnosis and treatment of any suspected medical problem. It may be beneficial for my massage practitioner to speak to my doctor about my medical condition to determine how massage may help the healing process, and to avoid worsening the condition. I will be asked for my permission to contact my doctor, if the massage practitioner thinks that it might be useful. I also understand that it is my responsibility to keep my massage practitioner informed of any changes in my health, and any medications that I may begin to take in the future.

Signature _____ Date _____