

JOURNEY MASSAGE

One Main St, Ste 214, Burlington



Name _____

Occupation _____

Hobbies: _____

Please answer yes/no to the following questions:

Are you under a physician's care? _____

Do you have any recent injuries? _____

Have you had a recent illness? _____

Are you taking any medications? _____

If yes please explain _____

Have you ever received massage before? _____

Anything else you would like me to know? _____

It is my choice to receive massage therapy.
I realize that the treatment is being given for
the well being of my body and mind.
This includes stress reduction, relief from
muscular tension, spasm or pain, or for
increasing circulation or energy flow.
I agree to communicate with
my practitioner any time I feel
like my well being is being compromised.

Signed _____

Date _____

Circle areas of complaint (if any).

