

Name:				D.O.B.:			
Street:				Gender:	<input type="checkbox"/> : Male	<input type="checkbox"/> :Female	
Street 2:				Occupation:			
City:				Emergency Contact:			
State:	<input type="text"/>	Zip:	<input type="text"/>	Emergency Phone:			
Phone:				How did you hear about us:			
Email:							

Using the chart to mark areas with a letter or number and provide descriptions to the right.



SURGERIES / INJURIES:		
<input type="text"/>	Date:	<input type="text"/>
<input type="text"/>	Date:	<input type="text"/>
<input type="text"/>	Date:	<input type="text"/>

WHERE WOULD LIKE US TO WORK:
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

WHERE SHOULD WE AVOID:
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Check next to each condition that applies:					
<input type="checkbox"/>	: Pregnant	<input type="checkbox"/>	: Diabetes	<input type="checkbox"/>	: Epilepsy / Seizures
<input type="checkbox"/>	: Arthritis / Joint Stiffness	<input type="checkbox"/>	: Frequent headache/migraines	<input type="checkbox"/>	: Contagious Disease
<input type="checkbox"/>	: Varicose Veins	<input type="checkbox"/>	: Osteoporosis / Weak bones	<input type="checkbox"/>	: Heart/Circulation Issues
<input type="checkbox"/>	: Numbness / Stabbing Pains	<input type="checkbox"/>	: Bruise easily	<input type="checkbox"/>	: Touch Sensitivity

Please explain or provide additional details or comments:
<input type="text"/>
<input type="text"/>

By signing below, I give consent for a Vivid Soul Therapist to provide massage and/or bodywork as discussed and described to the client. I understand it is my responsibility to communicate to the therapist if I am experiencing any form of discomfort or pain. I have no physical, mental condition that would indicate I should not receive massage, nor has any medical provider indicated that I should not receive massage. I understand that any sexually suggestive remarks or advances will be cause for immediate termination of session.

Client Signature _____ **Date:** _____

Parent/Gaurdian Signature (if client is a minor): _____