Manage For Good

SIGNALS OF IMPACT

EXAMPLE ASSET

Name _____ Date _____

Address _____ Emergency contact _____ Phone _____

Phone _____ Therapist _____

**Please answer the questions below.

How did you learn about us? _____

Have you received massage therapy or bodywork before? ☐ Yes ☐ No

Are you on any medication? ☐ Yes ☐ No If yes, which ones _____

Do you exercise? ☐ Yes ☐ No If yes, how many times per week ? ____ How many hours? ____

**Please mark any of the following conditions you may currently have.

- ☐ Neck injury
- ☐ Infection
- ☐ Pms
- ☐ Emotional changes
- ☐ Sinus congestion
- ☐ Headaches
- ☐ Cold virus
- ☐ Flu
- ☐ Allergies
- ☐ Alcohol within 24hrs
- ☐ Kidney alignment
- ☐ Sports injury
- ☐ Phlebitis
- ☐ Bruises
- ☐ High Blood pressure
- ☐ Varicose veins
- ☐ Acute pain
- ☐ Grief process
- ☐ Recent surgery
- ☐ Open wounds
- ☐ Osteoporosis
- ☐ Chronic pains
- ☐ Blood clot
- ☐ Fever within 24hrs
- ☐ Wear contacts
- ☐ Others, please specify _____

I understand that massage therapy is for the purpose of stress reduction, relief from muscular tension or spasm, or for increasing circulation. I understand that the massage therapist does not diagnose illness, disease or any other physical or mental disorder. The massage therapist does not prescribe medical treatment nor perfom spinal manipulations. I will inform the therapist of my current condition at the time of each visit.

Signature _____