

Remedy Massage and Bodywork, LLC

Liz Bolt LMT AL#2220

Rocky Ridge Chiropractic Care Center

Name _____

Phone _____

Email _____

Referral _____ DOB _____

(If not, how did you hear? _____)

Have you ever had a massage? Y/ N, if Yes when was your last? _____

Allergies Y/ N

Please list _____

Current Medications Y/N

Please List _____

Medical Conditions/Past Surgeries Y/ N _____

Please list _____

Any Problems Areas Y/ N

Please list specific areas (indicate right or left)

Pressure Preference (Circle those that Apply) LIGHT/FIRM/DEEP & Relaxation/Pain Management

I understand that the massage/service given to me by **Remedy Massage and Bodywork, LLC** is for the purpose of (stress reduction, pain reduction, relief from muscle tension, increasing circulation, or specific reasons stated here). _____ (please initial or sign a bottom agreeing you understand)

I understand that the massage therapist does not diagnose illness or disease and does not prescribe medical treatment or pharmaceuticals, nor are spinal manipulations part of massage therapy. _____ (please initial or sign a bottom agreeing you understand)

I understand that massage therapy is not a substitute for medical care and that it is recommended that I work with my primary caregiver for any condition I may have. _____ (please initial or sign a bottom agreeing you understand)

I have stated all my known physical conditions and medications, and I will keep the massage therapist updated on any changes. _____ (please initial or sign a bottom agreeing you understand)

Client Signature

Date