

# 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