



CONFIDENTIAL INFORMATION

Name _____ M / F D.O.B. _____ Occupation _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 Address _____ City _____ State _____ Zip _____
 Email _____
 Employer _____ Insurance Provider _____ Ins No _____

How did you hear about us? Web Site Yellow Pages Ad Referred by Friend Other _____

How would you prefer to be contacted for reminders and newsletters? Home Phone Work Phone Cell Phone Email

There are many benefits from massaging the buttocks (relieve lower back pain and sciatica), abdomen (aids digestion) and chest (promotes healthy tissue). Therefore, the therapeutic full body massages and body wrap treatments offered by Elements of Bodywork includes these areas. However, if you are uncomfortable with these or any other areas being worked on, those areas will be avoided, please indicate below any areas that you **DO NOT** want to have treated:

Feet Legs Buttocks Abdomen Full Chest Back Arms Hands Neck Face Head

Preference for draping: Sheet Towel Blanket None How much pressure do you prefer: Light Medium Deep
 1 2 3 4 5 6 7 8 9 10

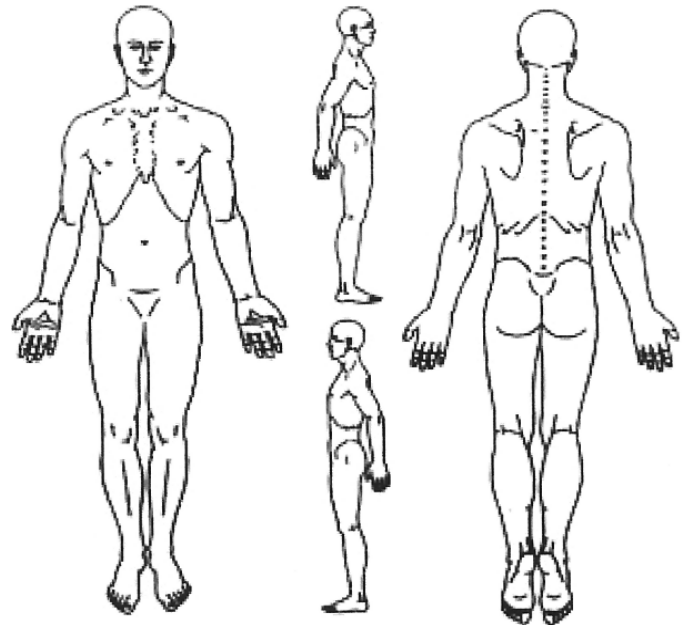
Do you prefer: Oil or Cream Music Preference: _____

Allergies: _____

Medications: _____

Additional Information or Comments:

Please indicate with an (X), the places you are feeling discomfort



PLEASE READ AND SIGN BELOW:

- I understand that this bodywork treatment is not a replacement for Medical or Chiropractic care and that no diagnosis will be made.
- I understand that I am responsible for providing medical information to my bodywork therapist.
- If I am uncomfortable for any reason I may request to end the session and the session will be ended.
- I am responsible for paying for any appointment cancellation of less than 24 hours.

Date: _____ **Signature:** _____