MASSAGE AND METTA, LLC

(Karen Robbins, LMT)

Relaxation | Pain Relief | Healing

Call or text: 603-252-9372

Name:_____ Date of birth:_____

Email Address_____ Phone_____

Street Address:_____ State:_____ Zip:_____

Occupation:_____

Emergency contact name:_____ Emergency phone #:_____

List current medications if any & conditions they are treating: _____

_____

Have you had a professional massage before?_____

Please tell me about any environmental or food allergies or hypersensitivities:_____

_____

Do you suffer from any of the following - either recently or in the past:

Headaches / migraines _____ Ringing in ears _____ Vertigo / dizziness _____

Hearing loss _____ High blood pressure _____ Low blood pressure _____

Heart disease_____ Varicose veins _____ Hemophilia_____

Osteopenia or Osteoporosis _____ Arthritis: _____

Any other conditions such as:

Asthma _____ Seizures/Epilepsy _____

Multiple sclerosis _____ Lyme disease_____

Cont'd:

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Cancer_____ Fibromyalgia _____ HIV / AIDS_____

Tuberculosis_____ Diabetes _____. Jaw pain (TMJ) _____

Pins / plates / wires / artificial joint _____

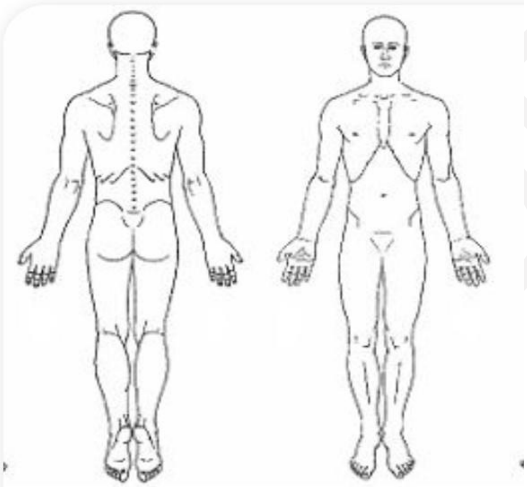
Any other conditions not listed:_____

What are your goals for today's session _____

Do you have any conditions today, that I should know about (skin rashes, clod/ flu, open cuts)

_____

Please indicate with X any areas, if any, you may be feeling pain or discomfort:



- I acknowledge that massage therapy is not a substitute for medical care, medical examination, diagnosis or treatment.
- I affirm that I have stated all medical conditions that I am aware of and will inform my practitioner of any changes in my health status.

Signature:_____ Date:_____

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