



Please indicate with an "X" any areas of pain, numbness and tingling, tightness or general discomfort. Use this space, if necessary, to describe conditions indicated on the reverse side:

A. What is your major complaint or condition you want to improve?

B. Has there been a medical diagnosis? NO YES
If yes, what is the diagnosis? _____

Do you visit an accupuncturist? NO YES Treated for: _____ Last visit was on: _____
Who is your accupuncturist? _____

Do you visit a chiropractor? NO YES Treated for: _____ Last visit was on: _____
Who is your chiropractor? _____

Do you visit a physical therapist? NO YES Treated for: _____ Last visit was on: _____
Who is your physical therapist? _____

Have you ever experienced a professional massage or bodywork session? NO YES
Last visit was on: _____ Who is the therapist? _____

Who is your primary care physician? _____ Phone No. _____

How did you hear about Back To You Therapeutic Massage?
 Referred by _____ Other (Please describe) _____
 BNI Sign Phonebook Website Flyer

I understand that the massage therapy given here is for the purpose of stress reduction, relief from muscular tension or spasm, or for increasing circulation or energy flow.

I understand that information exchanged during any massage session is educational in nature and is intended to help me become more familiar with and conscious of my own health status and is to be used at my own discretion.

I understand that massage is designed to be a health aid and is in no way to take place of a doctor's care when a doctor's care is indicated.

I understand that a massage therapist does not diagnose illness, disease, or any physical or mental disorder. I understand that a massage therapist does not prescribe medical treatment or pharmaceuticals or perform any spinal manipulations. It has benn made clear to me that massage therapy is not a substitute for medical examinations and/or diagnoses and that it is recommended that I see a physician for any physical ailment(s) that I might have.

CLIENT NAME (please print) _____

CLIENT SIGNATURE _____ DATE _____

MESSAGE THERAPIST _____ DATE _____

Bonni Burrus Browning, *Certified Massage Therapist*