

Continued

I understand that massage practitioners do not diagnose illness, disease, or any physical or mental disorder; nor do they prescribe medical treatment. I acknowledge that massage is not a substitute for medical examination or diagnosis, and that it is recommended that I see a primary health care provider for that service. I agree to pay for my massage at or before the time of treatment. I also agree to give 24 hours notice for appointments which can not be honored, and to pay for appointments not canceled with such notice. I authorize the release of any information acquired in the course of my examination and treatment to my medical practitioner.

Signed: _____ Date: _____

Please do not write below this line

Date: _____ Client Pre: _____

My Observations: _____

My Goals: _____

ROM: R ___ L ___ U ___ D ___ Sb R ___ Sb L ___ Arm R ___ Arm L ___

SYMPTOM/CONDITION:	SOS:	COMMENTS:	EOS:	NS:
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1. _____	_____	_____	_____	_____
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2. _____	_____	_____	_____	_____
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3. _____	_____	_____	_____	_____
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4. _____	_____	_____	_____	_____
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5. _____	_____	_____	_____	_____
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ROM: R ___ L ___ U ___ D ___ Sb R ___ Sb L ___ Arm R ___ Arm L ___

CLIENTPOST: _____

MY-POST: _____