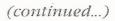


Customize Your Massage Experience....

Name			Date				
Address	- 15-40-60-40-40-60-60-60-60-60-60-60-60-60-60-60-60-60	City		State	Zip Code		
Home Phone		Work Phone	and the production of the second seco				
Cell Phone	Email Addres		ress				
Welcome to Origins Massage and Bodywor of any pre-existing conditions, limitations experience discomfort, please ask the there have been advised about associated with your practitioners, agents, and insurers) from all damage to you resulting there from. You fur or damage resulting there from. You further damage resulting from your failure to disclany discomfort during the session. Your the health related concerns. In this event your THE UNDERSIGNED ACKNOWLEDGES THAT	or specific sensitivities a rapist to adjust the level our massage, or from any I liability for any injury, in or ther hereby release all of the ose any pre-existing cont nerapist may determine may be required to provide may be required may be required to provide may be required to see may be required may be required may be required may be required may be r	and to inform your thera of pressure or heat. You use of the company's fanctuding, without limital of the foregoing personnel dition, limitation, or spedition, limitation, or spedito that it is unsafe for you de Origins with a physic	pist if you feel any u understand and cilities, and hereby tion, personal, bod nel and entities from a cific sensitivities, to proceed with o	discomfort duri- voluntarily accept release Origins ily or mental injum all liability arising or your failure to or continue a the	ng the session. If you ot any risks of which y (including its employe try, economic loss or a ting from any such inj g from any such injury inform your therapis trapeutic session due		
Signature:			Date:				
PLEASE HELP US ENSURE A SAFE AN		ASSAGE EXPERIENC tt apply and explain b		S THE FOLLOW	ING INFORMATIO		
☐ Blood Clots ☐ Cancer ☐ Diabetes ☐ Fribomyalgia/Lupus ☐ Headaches ☐ Heart Problems	 ☐ High/Low Blood Pressure ☐ History of Strokes ☐ Immune System Deficiencies ☐ Infections ☐ Insomnia ☐ Osteoarthritis 		☐ Osteoporosis ☐ Pain (Joint, Muscle, Disc, Nerve) ☐ Rheumatoid Arthritis ☐ Thyroid Issues ☐ Varicose Veins				
Explanation(s):	*						
ist and Explain: Surgeries, Injuries,	Illnesses:						
Allergies (Scents, Nuts, etc.):				No Pregr	nant? 🗆 Yes 🗔 N		
Have you experienced any of the follolease explain:							
ist daily activities that are inhibited							
Are you comfortable with having the							
Gluteal Region Yes No Abo	lomen 🗆 Yes 🗀 No	Pectoral Muscle	es □ Yes □ N	o Feet 🗆 '	Yes I No		

(Continues on back)





mail Address			**************************************	
igins Massage and Bodyworks values y ed to communicate studio related infor	your privacy and will not sell o rmation to you. You can reque	r release your email (st to be removed fro	address for use outsid n the e-mail list at any	e our studio. Your email will time.
ate of Birth		If under 18, ho	w old are you	.,
ccupation		Are y	ou active Military?	☐ Yes ☐ No
How did you hear about Origin:	s Massage and Bodywork	s?	*	
☐ Drove By/Walk By	□ Internet □ Y	elp or Facebook		
☐ Referral:		_ Other:		4
What are your current massag	e needs? (Check all that	annly)		
☐ Health and Wellness ☐		. ,	☐ Pregnancy	☐ Headache
☐ Pain ☐ Other:		, ,	,	in the description
Have you experienced massag ☐ Yes ☐ No. this is my fir	e tnerapy before? 'st professional massage			
How often do you get a massag	7			
☐ Weekly ☐ Every two w		☐ Every other r	month 🖸 Qua	rterly
☐ 2 times a year ☐ 1 time	e a year			
Do you get massages as often	as you would like?			
☐ Yes ☐ No				
How often would you like to ge	t a massage?			
	eeks	☐ Other:		
What prevents you from getting		1 pen		
☐ Time and availability			Other:	
			Julei:	
What days and times would be	•			
Days:	,	☐ Thursday	☐ Friday ☐	Saturday 🗀 Sunda
Tímes:a.m	p.m.			
What qualities are you looking	for in a Massage Therapi			
Are you enrolled in a Section 12				