



Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Please, list profession, hobbies, sports and other activities, which you do regularly and contribute to body posture and strain on your body:

Please list any history of important medical conditions, illness, injuries, etc.:

Please list any problem areas, which are bothering you and describe the sensation, e.g., shoulder/sore/back/tense:

Please list any medication you are taking prescription or non-prescription:

Please list any healing/stress management techniques you have had experience with, e.g. meditation, yoga, massage:

Thomas Fischer

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Cell 310.710.3431

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Consent for Swedish/deep tissue massage, Thai Yoga Therapy

I understand that massage is for relaxation purposes. That it is not intended to diagnose, treat or cure any illness, injury or imbalance. I have informed my therapist of my state of health and have communicated to him/her clearly and completely any restrictions or limitations I have physically or otherwise.

Client Signature _____ Date _____