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Sensitive Skin' Yes No 5. Are You Wearing Contact Lenses () Dentures () A Hearing Old (), 6. Do You Sitfor Long Hours At A Workstation, Computer, Feb 19th, 2024.

Client Intake Form - Copper Rain MassageClient Intake Form - Copper Rain Massage . Personal Information Name Phone (Cell) Email ... As Discussed During The Initial Consultation. Informed Written Consent Must Be Provided By Parent Or Legal Guardian For Any Client Under The Age 17. I, The Undersigned Understand That The Jan 10th, 2024Client Consent And Intake Form For Bodywork And Massage ... Massage Client Waiver Form Please Take A Moment To Read And Initial The Following Information: I Understand That Massage Therapy Is Provided For Stress Reduction, Relaxation, Relief From Muscular Ian 5th, 2024ONCOLOGY MASSAGE INTAKE FORMI Have Provided A Doctor's Authorization To Receive A Massage, If I Am Still Receiving Treatment Or Under A Doctor's Care For This Condition. I Understand That My Massage Therapist May Or May Not Be Trained And/or Experienced In Oncology Massage. I Hereby Voluntarily Release Elements Therapeutic Jan 6th, 2024. Client Intake Form - Massage Green SPACLIENT'INTAKE'FORM''!!!!! Name: & & & & & &&&&&Home&Phone&#:&& & & & &&Cell&#:& & & Address: && & & & & & &&City:&& &am Apr 13th, 2024Client Intake Form -

Hand & Stone Massage And Facial SpaMASSAGE AND

FACIAL SPA Reserves The Right To Refuse To Administer Services At Their Sole Discretion. I Have Read And Fully Understand This Form In Its Entirety. I Hereby Release The Practitioners, Hand And Feb 19th, 2024Client Intake Form - Associated Bodywork & Massage ...Medical Condition Or Specific Symptoms, Massage/bodywork May Be Contraindicated. A Referral From Your Primary Care Provider May Be Required Prior To Service Being Provided. I Understand That The Massage/bodywork I Receive Is Provided For The Ba May 2th, 2024.

Massage Intake Form - Perfect PatientsMassage Therapy Client Intake And Health History Form Massage Therapy Informed Consent I Have Informed The Massage Therapist Of All My Known Physical Conditions, Medical Conditions And Medications And I Will Keep The Massage Therapist Updated On Any Changes To My Health History. The Mas Mar 8th, 2024Oncology Massage Intake Form (Must Accompany A ... Oncology Massage Intake Form (Must Accompany A Complete Health History) Name Side Effects: (Circle) Current Conditions, Underline Past Conditions Check Here If Explanation Below. GI Conditions: Nausea Vomiting Low App Mar 4th, 2024Reflexology Intake Form - Home - My Massage WorldDo You Have Any Allergies Or Sensitivities? ☐ Yes ☐ No Please Explain Have You Had Any Recent Injuries? ☐ Yes ☐ No If Yes, Please List: Please Indicate Anv Of The Following That Apply To You. □ Cancer ... Hav Feb

15th, 2024.

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