10531 Victoria Rd, Chemainus BC V0R 1K2
250.732.2860

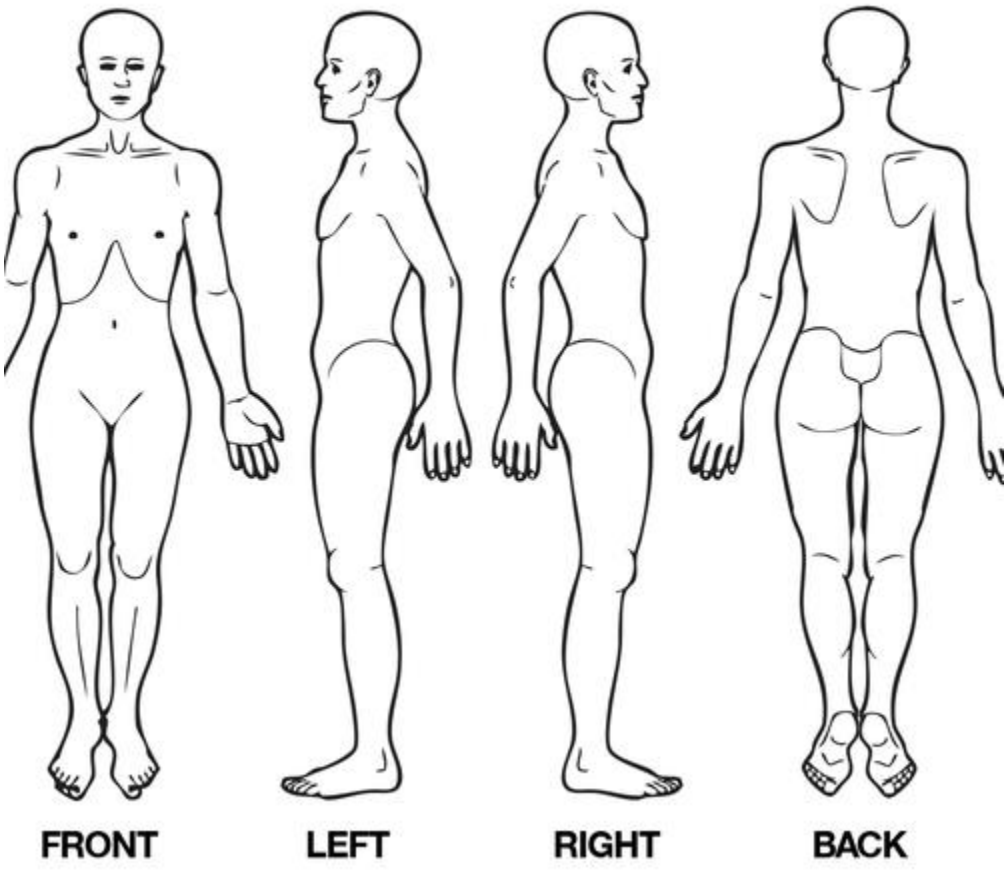
PERSONAL DETAILS			
Name:		Date of Birth: / / (D/M/Y)	
Occupation:			
Address:			
Phone:		Email:	
Would you like to receive a text message or email about special promotions? Text ☐ Email ☐			
Emergency Contact Name:		Emergency Contact Number:	
How did you hear about me?			
Have you had a holistic massage before? Yes ☐ No ☐			

HEALTH INFORMATION *(Please tick any that apply to you)*			
☐ Arthritis	☐ Osteoporosis	☐ Neuropathy	☐ Sports Injury
☐ Varicose Veins/Phlebitis	☐ High/Low Blood Pressure	☐ Sports Injury	☐ Asthma
☐ Heart Condition	☐ Metal Pins, Plates	☐ Skin Condition	☐ Pregnancy
☐ Menstrual Cycle	☐ Stroke	☐ Recent Surgery	☐ Epilepsy
☐ Headaches/Migraines	☐ Diabetes	☐ Joint Replacement	☐ Allergies/Sensitivities
☐ Numbness	☐ Fibromyalgia	☐ Depression	☐ Anxiety
☐ Allergies/Sensitivities (please specify)			
☐ Other Injury (please specify)			
☐ Other (please specify)			
Are you currently under the care of a health care professional for injuries or ongoing treatment? Yes ☐ No ☐ Are you currently taking medication? Yes ☐ No ☐ Please list medications:			
What else do you do for your health?			

Date: _____ Signature: _____

Please turn over and complete

Please mark an X on areas of discomfort



NOTES: