

Birch Body Care Health Form

Name:

Date:

Occupation:

Date of Birth:

Phone Number(s):

Email:

Emergency Contact and Phone Number:

How did you hear about Birch?

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Is there an area of your body that needs extra focus today?

What are your goals for today's session?

Do you have any medical conditions or allergies (especially to nut/wheat germ oil, diabetes, heart conditions, clotting disorders, high blood pressure). Are you pregnant or trying to become pregnant? If yes, please explain.

Do you have or have you had any recent/old injuries or surgeries? If yes, please explain.

Are you taking any medications? Please list any side effects you experience.

Is there anything else you want your massage therapist to know regarding this massage session?

I prefer (circle):

-light pressure  
-medium pressure  
-deep pressure

-"It's never enough pressure"  
-get the "knots" out  
-no "digging", just general work

-relaxing work  
-a full body massage  
-just work in a specific area

It is my choice to receive massage therapy. I am aware of the benefits and risks of massage and I give my full consent to receive massage. I acknowledge that massage is not a substitute for medical care or diagnosis. I have stated all medical conditions that I have and am aware of and will inform my massage practitioner of any changes in my health status as they become known to me. I understand that this is a completely non-sexual, therapeutic massage and if I make a sexual advance or innuendo before, during or after my treatment, the session will be terminated immediately and I will be charged full price.

Signature: