## JOs Body Shop NY 810 South Street / Peekskill / NY 10566 julie@josbodyshopny.com 914 960 1367

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Email: (Contact Number):  Occupation: Exercise Type/Schedule?  D.O.B Primary Concern: It hurts when I?  When did it start? How Frequent? Prior/Current Diagnosis/Treatment?  Are you seeing a health care provider? Please describe: Level of Pain (1-mild 10-severe) Stress (1-10) Energy (1-10)  Have you ever had massage? Y or N What type(s) of massage? Last treatment? Your desired outcome of our work together, today?  Senstive to Touch? (ticklish)?  Are you Pregnant? Y or N Months? Menopause symptoms/how long?  Are you allergic or sensitive to anything (essential oils, nut oils, scents)?  Current medications? (please list medication and purpose)  Vitamin Intake? Exercise Regime?  List any prior surgeries:  Accidents/Injuries/Treatments/Dates:  Medical History: Please circle or list.  Skin Conditions - Psoriasis, Rash, Warts, Hives, Skin Cancer, Sensitive, Dry, other/where:  Joint Problems - Rheumatoid Arthritus, Osteoarthritis, Strains/Sprains, ACL/PCL, Meniscus, Trigger Finger, Tendonitis, Bursitis, other/where:  Joint Problems - Rheumatoid Arthritus, Osteoarthritis, Strains/Sprains, ACL/PCL, Meniscus, Trigger Finger, Tendonitis, Bursitis, other/where:  Bone Conditions - Osteoarthritis, Osteoporosis/Penia, Fracture, Disc Issues, Herniations, Scollosis, other:  Headaches - Frequency? Tist, Sinusitis  Where? Vision Problems?  Circulatory Conditions - CHF, High/Low Blood Pressure, Varicose Veins, Blood Clots, Cholesterol, other:  Neurological: Numbness, Tingling, Pins & Needles, Sciatic, TOS, Carpal Turnel, other/where:  Diabetes? Y or N Hearing Conditions: Aids/Tinnitus  Muscle Conditions - Asthma, COPD, Allergies:  Lung Conditions - Asthma, COPD, Allergies:  Infactious Diseases: Athletes foot, AIDS, other:  Sleep Disorders/Depression:  Please mark any areas of				Emorganov Contact:	
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		Other:		tension/pain/discomfort.	

	Disclaimer/Cancellation Procedure:		
	I understand and agree that should I cancel an apointment less than 24 hours before the scheduled time or if I do not show for the scheuled appointment, I am subject to a fee equal to the cost of the missed appointment.		
	I affirm to have notifified the massage practicioner of any medical issues t	to date.	
	I understand that massage therapy is a soft tissue treatment and is not chiropratic treatment, and that the services rendered today are no substitute for medical care of any kind, if and when needed.		
	I understand that massage is entirely therapeutic and not sexual in nature.		
	The Information you provided and the treatment shared is confidential and follows HIPAA (The Health Insurance Portability and Accountability Act of 1996) regulations. If, the therapist feels it is necessary to contact your medical practicioner, the therapist will only be able to do so with a written release from you. The therapist will only release records of your treatment history by written request from you or a court subpoenea.		
	By signing this release, I hereby waive and release my therapist from any and all liability, past, present, or in the future relating to massage therapy and bodywork. I also understand that I may feel discomfort after the massage for a few days due to a release of tension or toxins in the body tissue. Additionally, I do not hold my therapist responsible for any continued or chronic ailment(s).		
	General Information:		
<ul> <li>Try not to eat a large meal for atleast 2 hours prior to treatment.</li> <li>Please remove all jewelery, eye glasses, contact lenses. Secure long hair.</li> <li>Void your bladder.</li> <li>Undress to your level of comfort with or without underwear is completely up to you.</li> <li>Notify the therapist if you are uncomfortable in any way, temperature, pressure, pain.</li> <li>Feel free to ask questions before, during or after your therapeutic session.</li> <li>Relax and enjoy. You are in good hands.</li> </ul>			
	Client Name (please print):		
	Client Signature: (Guardian's Release for under 18 years old patients)	Date:	
	Therapist Signature:		
	S:		
	O:		
	A:		
	P:		