Serendipity

Massage Therapy & Bodywork
39 - 3rd Avenue, Sturgeon Bay, WI 54235

Jessica Brilz, B.A., CMT, NCTMB
National Board Certified Massage Therapist & Bodyworker

Thank you for your visit. I sincerely hope based upon my experience and certified training, that the massage you receive will help you on your way to a more relaxed, healthy and sound way of living.

Please take a few minutes to fill out this form. It will enable me to give you the therapy best suited for your specific needs. If you have an existing medical condition you feel may be adversely affected by massage, please feel free to telephone your physician prior to your massage. I encourage you to do so; a relaxed mind is the beginning of a wonderful massage!

Name_____ Birth Date_____

Address_____ City/State/Zip_____

Phone_____ E-mail_____

Are you 18yrs of age or older? (Yes) (No)

Whom may I thank for this referral?_____

Primary reason for appointment_____

Areas of complaint, pain or tension_____

What medications do you take?_____

Any recent surgery or acute injuries?_____

Are you currently under medical supervision?_____ Your Physician's name_____

Have you had a professional massage before? (Yes) (No)

Have you had or do you have any of the following – please circle:

Are you pregnant?	Blood Clots	Dentures	Osteoporosis
High blood pressure	Migraines	Allergies	Warts/Rashes
Heart problems	Asthma	Skin problems	Fibromyalgia
Diabetes	Bruise easily	Spinal problems	Cancer
Epilepsy	Carpal Tunnel (wrist)	Suffer from stress	Strains/Sprains
Varicose Veins	TMJ (jaws)	Arthritis	Multiple Sclerosis

Please list any additional comments regarding your health and well-being:_____

-Please read and sign-

Informed consent: The above information is accurate to the best of my knowledge and I freely give my permission to be massaged. Since massage is contraindicated for some serious medical conditions, it may be necessary to obtain a doctor's release or prescription before beginning therapy. I agree to inform the therapist of any experience of pain during the session. I understand that massage therapy should not be construed as a substitute for medical examination, diagnosis, and treatment, and that I should see a medical or chiropractic physician or other healthcare specialist. I agree to update the massage therapist in regard to changes in my health and understand that there shall be no liability on the therapist's part should I forget to do so. Should I have to cancel an appointment for any reason, I agree to give the therapist a 24 hour notice.

Signature:_____ Date:_____