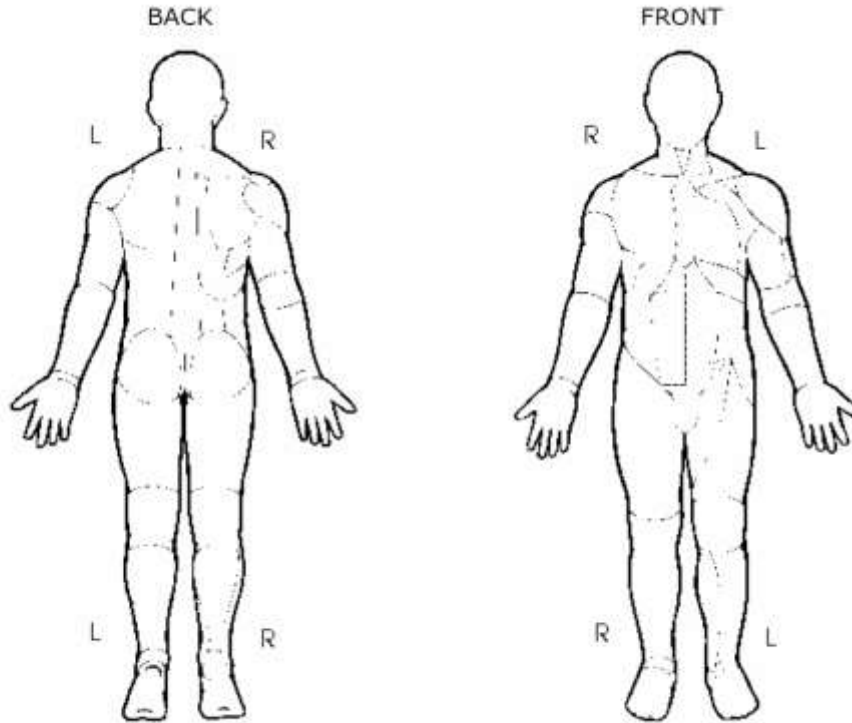


Please mark any areas of special attention, tension, sensitivity, or pain on the diagram:
 O=Pay Special Attention to X=Pain A=Avoid L=Ticklish T=Tension S=Sensitivity



Type of Massage to be done: _____ ***In deep tissue massage bruising may occur.*** The massage therapist WILL NOT engage in breast massage unless both parties agree.

Draping will occur throughout the massage unless otherwise agreed to by both the therapist and the client. I understand that the massage therapist does not prescribe medical treatment or pharmaceuticals, or nor does he/she perform any spinal adjustments. Massage therapy is not a substitute for medical examinations and diagnosis. It is recommended that I see a physician for any physical ailment that I might have. I understand that the massage therapist does not diagnose illness, disease, or any other physical or mental disorders. Any opinions expressed by the massage therapist are not to be construed as medical advice. Any sexual misconduct exhibited by the client will result in immediate termination of the session, and the client will be liable for payment of the scheduled appointment. If for any reason the client is uncomfortable, the client may ask the therapist to cease the massage and the therapist will end the session. I have reported all health conditions that I am aware of and will inform my practitioner of any changes in my health. All the information provided above is, to the best of my knowledge, correct and current. The therapist will update all provided information on an on-going basis. I hereby give my consent for treatment, or my consent as guardian for treatment:

Signature _____ Date _____

Therapist _____ Date _____

Complaints: Texas Department of State Health Services; 1100 West 49th Street, Austin, Texas 78756-3181; telephone number 512-834-0616.