MASSAGE TO HEALTH

Kaiser Napa

KP#_____
Last four digits

ID Verified_____

Massage **Date**_____

Name (Last, First)	DOB	Age	Sex
street Address	City	State	Zip
Mailing address			
e-mail address	confirm e-mail		
Home Phone ( )	( )	Work Phone	

Please list injury's, surgery's, medications;

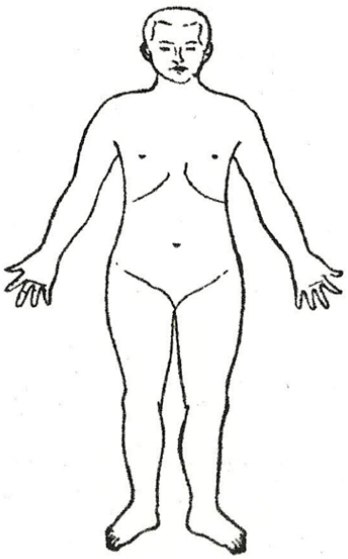
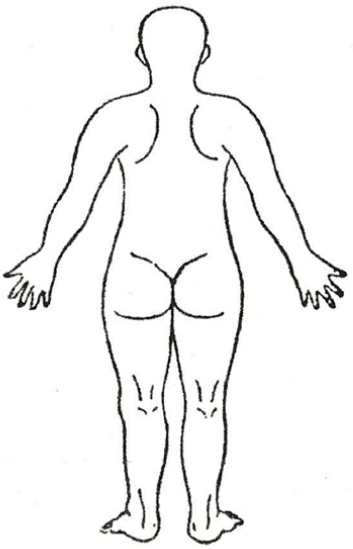
PLEASE READ CAREFULLY BEFORE SIGNING

This massage will be a provided by a massage therapist of Massage to Health. This massage is not intended to diagnose or treat any illness. Any significant symptoms or illness should be reported to your personal physician. Participation in this massage is not intended to replace medical care. I have requested and consent to the massage and I fully understand the importance of reporting my symptoms to my own physician.

Signature:_____

THERAPIST: Use a red pencil to mark sore, tight muscles.

FRONT VIEW OF THE BODY



BACK VIEW OF THE BODY