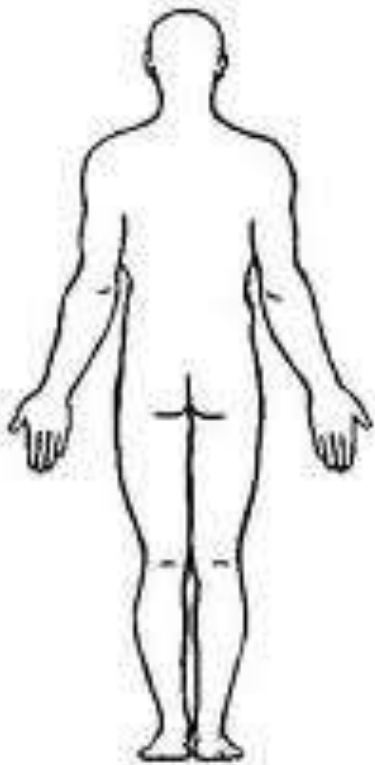
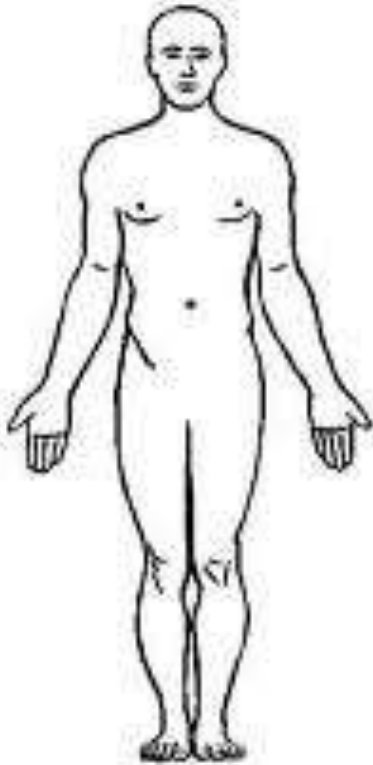


Health Status Update

Name: _____ Date of Birth: _____ Date: _____

Have you had an injuries or surgeries that may influence today's treatment?

Depict how you are feeling today by drawing a circle on the figures representing the size and shape of the following symptoms. Place the letter representing the symptoms in or near the circle:



**P= Pain, ache, or
tenderness**

**S= Stiffness in the joint or
muscle**

Rate pain on a scale of
0-10, with 10 being
"worst pain imaginable"

0-1-2-3-4-5-6-7-8-9-10

Rate function on a scale
of 0-10, with 10 being
"not able to do anything"

0-1-2-3-4-5-6-7-8-9-10

Is there anything else I should know about how you are feeling today or about your progress or care to date?

Consent for Treatment

If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. Understanding all of this, I give my consent to receive care.

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____