ELITE HOLISTIC MASSAGE - ORLANDO

SHAWN GARRICK, LMT - <u>www.eliteholisticmassage.com</u> -1 (407)369-0621

Please fill out all information as accurately and thoroughly as possible.

It is better that you give me what you consider too much information, rather than not give me enough information.

Address:						
WK PHONE: () Email/URL:						
Date of Birth:	Occupat	tion:				
Hobbies:						
How did you here about me? Have you ever received massage or b	oodywork before	??				
What (specifically) would you like to	receive from th	iis massage?				
Would you like me to focus on or sta	y away from an	y specific area	1?			
Do you have or are you an	Health Inform		le Y=Yes	s or N=	•No):	
Smoker? Y / N	Pregnant? Y /	N	Contagi	ous Di	sease? Y / N	1
High/Low Blood Pressure? Y / N	Allergies? Y /	N	Heart C	onditio	ns? Y / N	
Epilepsy? Y / N	Seizures? Y /	N	Diabetic? Y / N			
Frequent Headaches? Y / N	Varicose Veins	? Y / N Cancer? Y / N				
Nausea? Y / N	Dementia? Y	/ N				
Are you currently suffering from any sports injuries, surgeries) Y/N If yes, briefly explain (what and whe	-	-			ar accidents,	
Are you currently taking any medica N If yes, name(s) of medication(s) and			tion and	non-pr	escript.) Y /	
Do you have any conditions that may	require a docto	r's note? Y /	N			_
I attest that the above is true and accu	urate to the best	of my knowle	dge			
Signature	Date:					

Disclaimer: By signing above, I agree that: