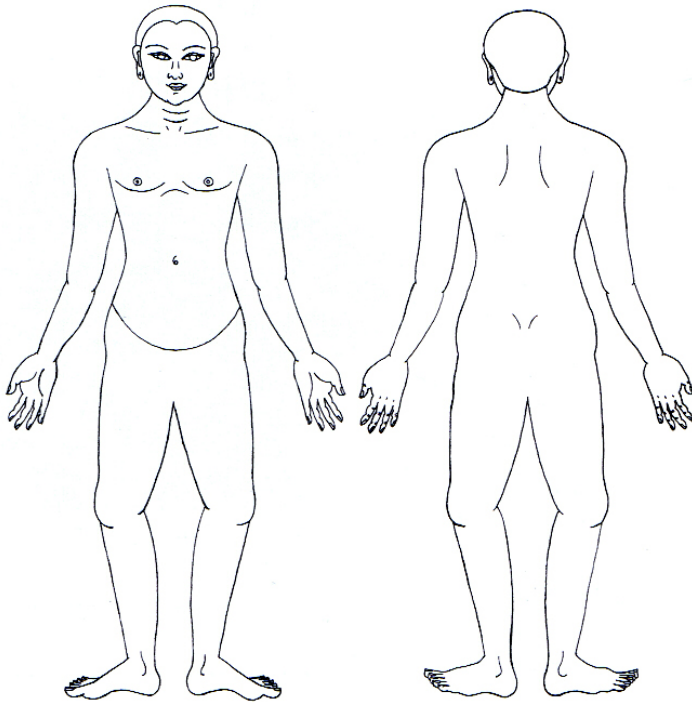


Personal Health Questionnaire

Name:
Phone:



Please circle your areas of tension on the drawing

Please indicate below if you have any health conditions of which your practitioner should be aware:

Do you have any movement restriction to be respected?

YES

NO

If you checked yes above please describe:

Date: / /	Signature:
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DISCLAIMER: The purpose of massage is for relaxation and not meant to diagnose or treat any illness, disease or any other physical or mental disorder, injury or condition. If you have a specific medical condition or symptom, receiving or performing massage may be contraindicated or require modification. A referral from your primary care provider may be requested prior to receiving and/or performing massage. Lotus Palm will not be held liable for any injury or similar condition that arises from the application of massage.