



Lotus Palm

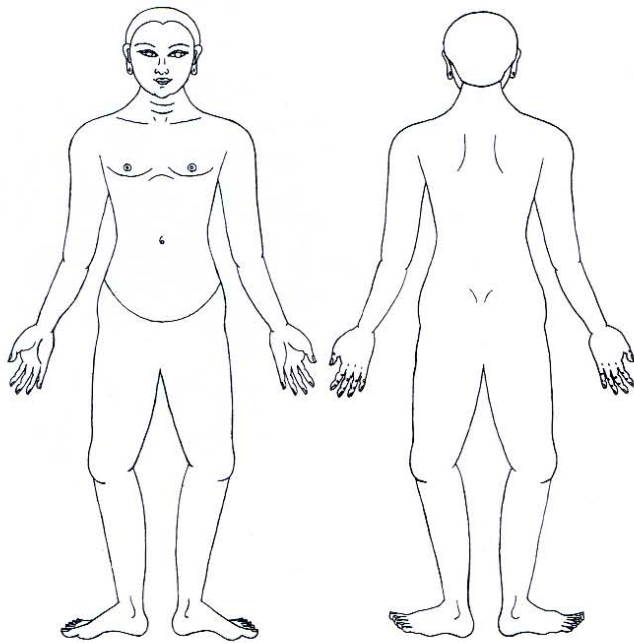
Health Questionnaire

Date _____

Name of the client _____

Phone of the client _____

Signature of the client (after reading the disclaimer) _____



Do you have any health conditions? If yes, what treatment are you receiving?

Do you have any movement restriction? If yes, describe them.

On the following chart, please circle your tension areas.

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 pathological condition. If you have a specific medical condition or symptom, receiving or performing massage may be contraindicated. A referral from your primary physician 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.