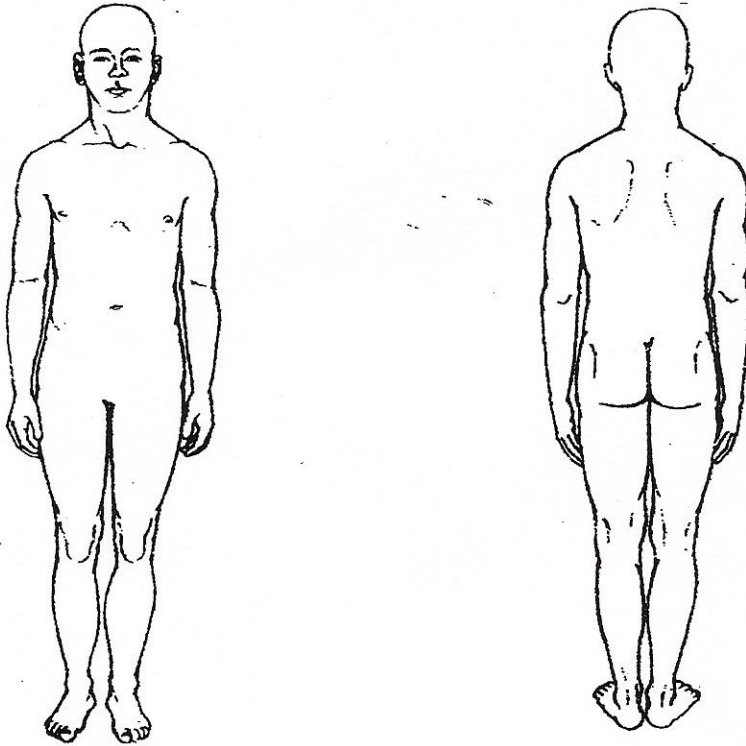


**Description of pain (circle all that apply):**

Radiating Sharp/Dull Throbbing/Pulsating Numbing/Tingling Constant/Intermittent

**On chart below, please indicate areas of pain or soreness by marking an 'X'.**



**Please indicate below your current level of pain (0=no pain; 10=unbearable pain):**



**Additional Comments or Concerns** \_\_\_\_\_  
\_\_\_\_\_

I understand that this massage/bodywork session is for the purpose of relief from muscle pain or spasm, and/or for increasing circulation. I further understand that licensed massage practitioners do not diagnose illnesses or prescribe medical or pharmaceutical treatment. It has been made clear to me that this session is not a substitute for medical examination and it is recommended that I contact a licensed health care provider for any medical or health conditions or concerns I might have.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date