

Thai Yoga Massage

Personal Health Questionnaire

Date _____ E-mail _____ Cell # _____

Name _____

Address _____ City _____ Zip _____

Age _____ Height _____ Weight _____

Profession _____ Referred By _____

Are you presently under the care of a medical doctor or a health practitioner? Yes No

Do you have any restrictions in movement? Yes No

Are there any yoga postures or stretches that you fear may be harmful? Yes No

If yes, which ones? _____

Are you pregnant? Yes No Due date? _____

Do you wear contact lenses? Yes No A pacemaker? Yes No

What physical activities do you regularly participate in? _____

Any recent accidents or surgeries? Yes No

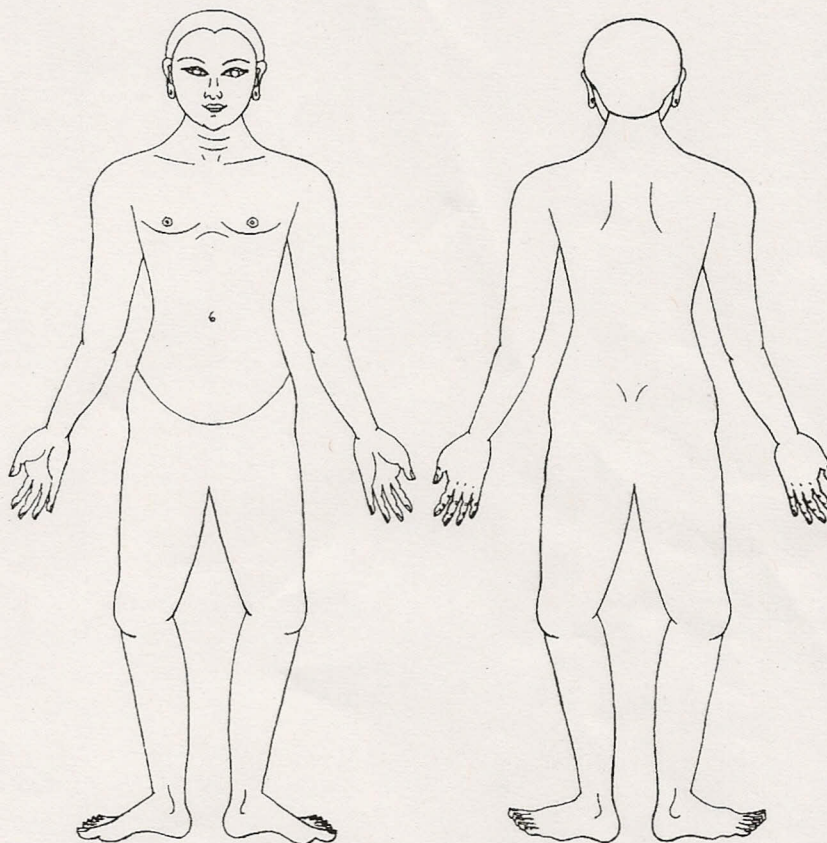
Consent for Thai Yoga Massage

It is understood that the purpose of Thai Yoga massage is for relaxation and that it is not meant to diagnose or treat any illness, disease, or any other physical or mental disorder, injury or condition. I have informed my Thai Yoga Massage practitioner about my state of health, and I have transmitted to her any recommendations and restrictions on the part of my medical doctor or therapist insofar as Thai Yoga Massage is concerned.

Client's signature _____ Date _____

Please indicate if you suffer from any of the conditions listed below:

- AIDS
- Allergies
- Aortic aneurysm
- Arteriosclerosis
- Cancer
- Cervical spine problems
- Constipation
- Diarrhea
- Fractures
- Heart disease
- Hemophilia
- Hernia
- High blood pressure
- Joint problems
- Menstruation
- Open wounds and cuts
- Osteoporosis
- Phlebitis (DVT)
- Pregnancy
- Previous dislocation
- Rheumatoid arthritis
- Skin disease
- Stroke
- Surgery
- Other _____
- _____
- _____



Please circle your problem areas on the drawings above,
and indicate your symptoms with these symbols:

Tension - - - - -	Cramping // // // //
Numbness + + + + + + +	Pain >>>>>>