

Have you ever received bodywork?

Type of bodywork experienced:

- ◇ Swedish Massage
- ◇ Polarity
- ◇ Foot Reflexology
- ◇ Chiropractic
- ◇ Colonic Hydrotherapy
- ◇ General Hydrotherapy
- ◇ Cranial-sacral
- ◇ Acupuncture/acupressure
- ◇ Other _____

ONLY GOD AND NATURE HEAL

Do you or have you had any of the following conditions?

- | | |
|---|------------------------------|
| ◇ heart disease | ◇ depression |
| ◇ kidney disorders | ◇ anxiety |
| ◇ neurological problems | ◇ neck pain/whiplash |
| ◇ impaired vision | ◇ headaches |
| ◇ difficulty hearing | ◇ shoulder pain |
| ◇ poor digestion | ◇ back pain |
| ◇ hernia | ◇ sciatica |
| ◇ constipation | ◇ sprains |
| ◇ chemical/environmental sensitivity | ◇ seizures |
| ◇ allergy | ◇ abdominal pain |
| ◇ broken bones | ◇ nervous tension |
| ◇ connective tissue damage, i.e.; cartilage, tendons, ligaments | ◇ arthritis/bursitis/gout |
| ◇ blood disorders | ◇ allergies to oils/perfumes |
| ◇ cancer | ◇ insomnia |
| ◇ asthma | ◇ wear contact lenses |
| ◇ tuberculosis | ◇ scoliosis |
| ◇ dizziness | ◇ surgery |
| ◇ numbness | ◇ fibromyalgia |
| ◇ TMJ | ◇ chronic fatigue |
| | ◇ carpal tunnel syndrome |
| | ◇ mastectomy |
| | ◇ diabetes |

- ◇ varicose veins
- ◇ high blood pressure
- ◇ stroke
- ◇ HIV/AIDS
- ◇ Herpes
- ◇ Other: _____

Are you pregnant?

Do you exhibit any of the following today?

- ◇ sunburn
- ◇ inflammation
- ◇ severe pain
- ◇ headache
- ◇ open cuts, sores, bruises, burns
- ◇ irritated skin rash
- ◇ poison ivy
- ◇ cold/flu
- ◇ contagious conditions

I, (print) _____, understand that the natural therapeutic and massage therapy treatment given is for the purpose of stress reduction, relief from muscular tension or spasm, relaxation, pain relief, and increased circulation. I understand that the massage therapist does not diagnose illness, diseases, or any other physical or mental disorder. Consequently, the massage therapist prescribes neither medical treatment nor pharmaceuticals. It has been made very clear to me that that massage treatment received here is not a substitute for medical examination and/or diagnosis and that it is recommended that I see a physician for any ailment I might have. I undertake treatment at my own risk and I agree not to hold the Helios Cape Cod, LLC, Helios Natural Therapeutics, Jeff Thibodeau or any massage therapist employed at same liable in any way. I have stated all known medical conditions and take it upon myself to keep the massage therapist updated on my physical health. In the event that I need to cancel an appointment, I will give the massage therapist at least 24 hours notice. Failure to provide adequate notice will result in being charged the full amount for the treatment.

Signature

Date