



Client Information:

Name _____

Date/Time _____

Address _____

Height/Weight _____

City, Province _____

D.O.B./Age _____

Postal Code _____

Gender: Male / Female

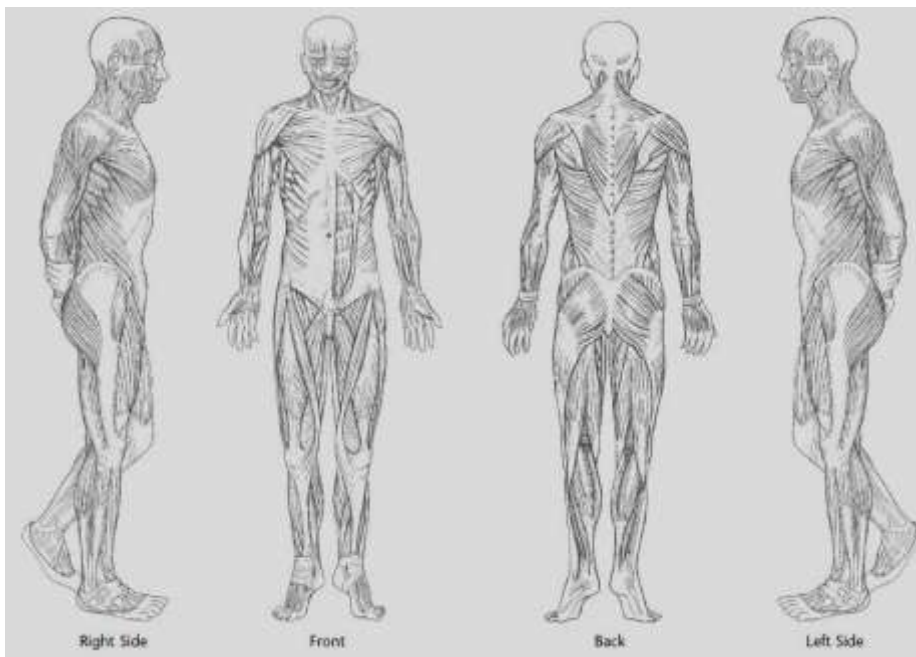
Email _____

Preferred Phone # _____

Emergency Contact & Phone Number: _____

Medical Issues, Injuries, Tension & Pain:

Please list issues of concern and circle areas on diagram indicating level of pain (1=Minor Pain / 10=Severe Pain)



Client Consent:

I understand that the purpose of this massage/body work/yoga session is for tension release and the development of conscious self-care practices. This session is not meant to diagnose or treat any illness, disease, or any other physical or mental disorder, injury or condition. I have provided information about my state of health and have transmitted any concerns and restrictions. This is to confirm and acknowledge that the abovementioned information is accurate to my knowledge. I give consent for treatment and instruction by Mary Foran and have the right to withdraw consent at any time. Throughout the session I will communicate information such as pain or discomfort levels to ensure my own safety and effectiveness of the session and hereby agree to assume full responsibility for any manner of loss, injury, claim or damage whatsoever, known or unknown. I acknowledge that there may be post treatment effects that include muscle soreness and tenderness.

Signed

Date