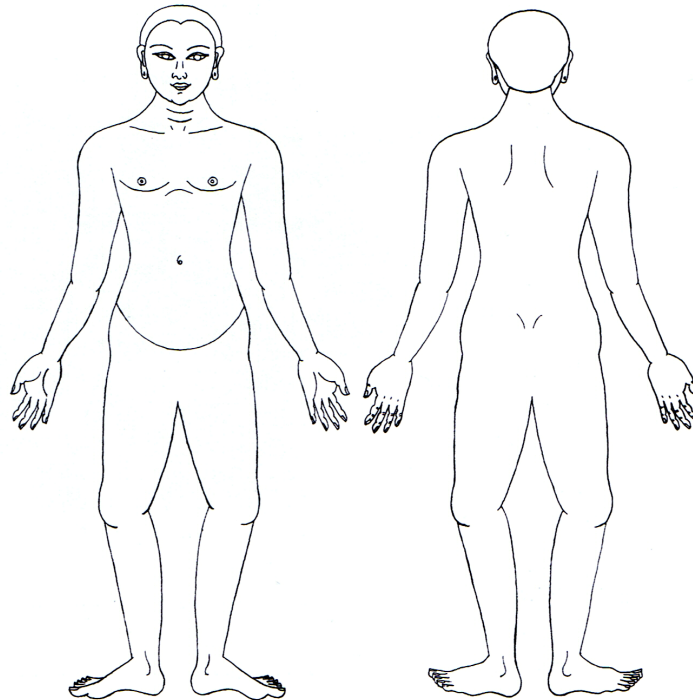


Personal Health Questionnaire

Date:
Name:
Email:
Phone:

Please indicate if you have any of the conditions listed below:	
<input type="checkbox"/>	Allergies and asthma
<input type="checkbox"/>	Active infectious disease (ex fever, cough etc)
<input type="checkbox"/>	Cardiovascular diseases: -Brain or aortic aneurysms -Heart disease -High blood pressure -Stroke -Deep vein thrombosis
<input type="checkbox"/>	Cancer
<input type="checkbox"/>	Cervical spine problems
<input type="checkbox"/>	Coagulation & platelets: -Hemophilia -Anticoagulant therapy: Coumadin, Warfarin or Heparin -Other platelets or coagulation factor problems
<input type="checkbox"/>	Hernia
<input type="checkbox"/>	Joints problems: -Fractures -Previous dislocations
<input type="checkbox"/>	Soft tissue contraindications: -Open wounds and cuts -Skin diseases
<input type="checkbox"/>	Osteoporosis
<input type="checkbox"/>	Pregnancy
<input type="checkbox"/>	Rheumatoid arthritis
<input type="checkbox"/>	Recent surgery
<input type="checkbox"/>	Other:



Please circle your problem areas in the drawing and indicate the symptoms with these symbols:

Tension: -----

Cramping: //////////////

Numbness: +++++++

Pain: >>>>>>>

Do you have any movement restriction to be respected? YES NO

Consent for Thai Yoga Massage

It's understood that the purpose of Thai Yoga Massage is for relaxation and this 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 him any recommendations and restrictions on the part of my medical doctor or therapist insofar as Thai Yoga Massage is concerned.

Client's signature: _____ Date: _____

Notes: