



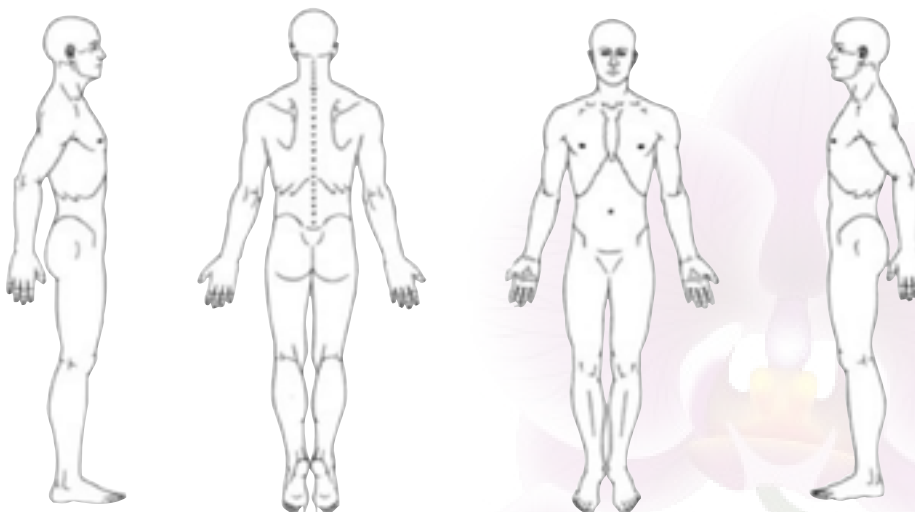
# FAITH MASSAGE & WELLNESS

Ann Cholewinski, LMT1500

Name:		DOB:	
Phone:		Cell:	
Address:		City:	State: Zip:
Emergency Contact Number:		Referred By:	
Occupation:		Email:	

Have you ever had a professional massage?

Indicate on the drawings below where you have pain/symptoms/tightness



Please list any health conditions past or present:

Is there anything else pertinent to your massage today?

If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure may be adjusted. Massage or bodywork should not be construed as substitute for medical examination, diagnosis, or treatment. I have stated all my known medical conditions, and answered all questions honestly. The massage I am receiving is strictly ethical, non-sexual, and draping will be required at all times. Any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

Signature

Date

205-706-7113

100 Century Park South - Suite 120 - Vestavia, AL 35226