

TRADITIONAL THAI MASSAGE & WELLNESS

Mind – Body – Spirit – Soul

Name _____ Birth Date _____

Address _____

Street

City

State

Zip Code

Cell : _____ E-Mail : _____

Where did you hear about Traditional Thai Massage & Wellness ?

Google Map

Yelp

Angie's List

Web Site

FaceBook

Ect. _____

What do you hope to receive from this session ? _____

Please check if you have any of the following conditions

___ Open wounds

___ Neck and Shoulder

___ Bruise easily

___ Broken bones in the past year

___ Pregnant

___ Any injuries in the past year

___ Back Pain

___ Numbness of stabbing pains

___ Sensitive to pressure

___ Any surgery recently

How often you get a massage 1 a week one a month every other month

___ Allergies / Sensitivity to lotion or oil need to be aware of _____

"All information given is strictly confidential and will not be used for any purpose"

**I ALSO UNDERSTAND THAT THIS IS STRICTLY PROFESSIONAL THERAPEUTIC MASSAGE.
ANY INAPPROPRIATE TOUCHING OF THERAPIST OR BEHAVIOR, ANY ILICIT OR SEXUALLY
SUGGESTIVE REMARKS OR ADVANCES WILL NOT BE TOLERATED.**

**THE RESULT OF SUCH WILL BE IMMEDIATE TERMINATION OF THE MASSAGE SESSION,
WITH COMPLETE PAYMENT FOR APPOINTMENT MADE**

Signature of Client _____ Date _____

Therapist : Pimchanok Ehrmann _____ Date _____