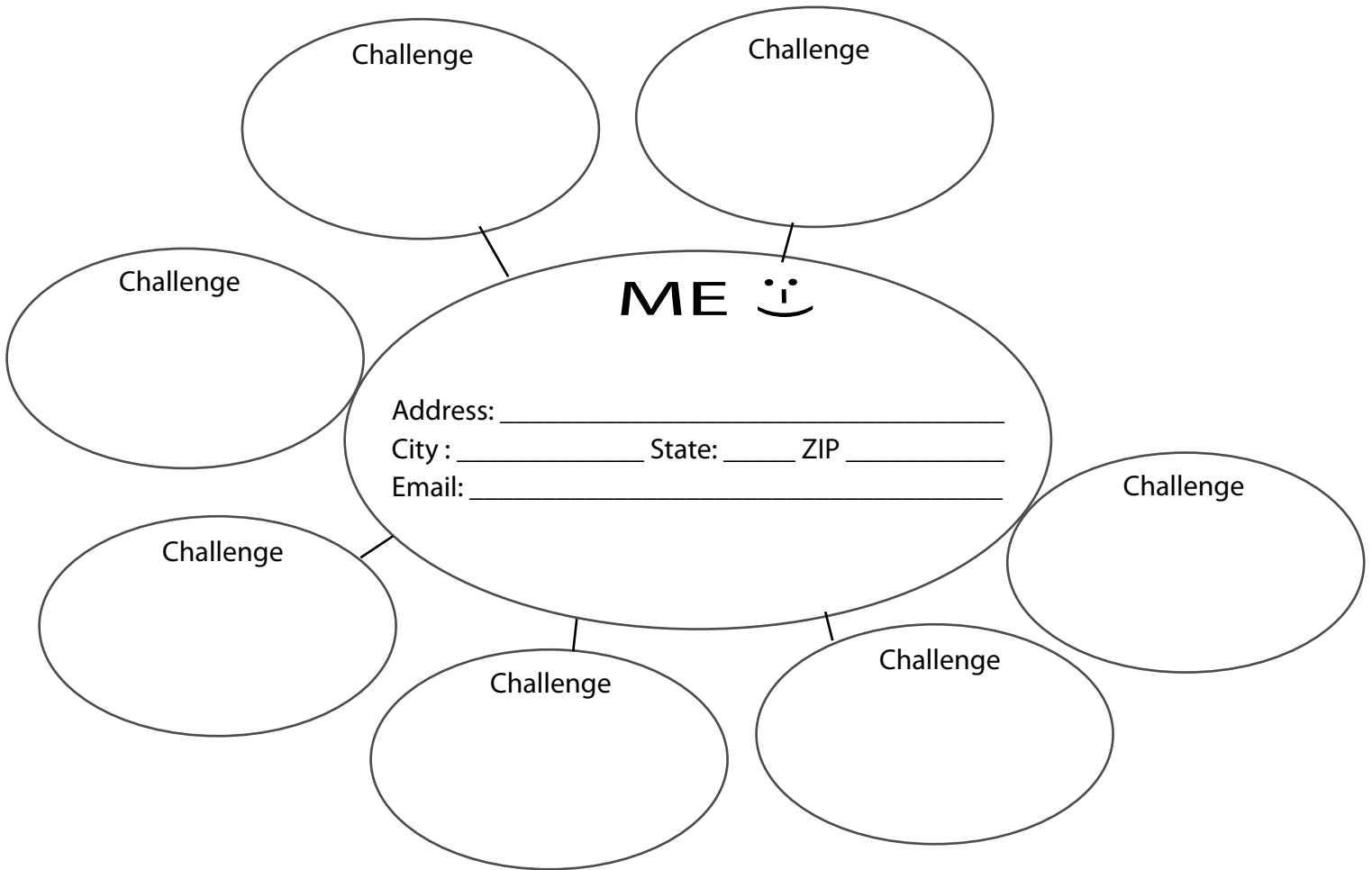


Name: _____, _____

Your story:

INTAKE Mapping

Draw a stick figure of you:



I understand that the massage/bodywork I receive is provided for the purpose of body balancing through muscular and bone awareness, relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatments and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnosis, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session should be construed as such. Because massage and bodywork should not be performed under certain medical conditions, I affirm that I have stated all of my known medical conditions, and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.



4183 Adams Avenue
San Diego, CA 92116
(619) 269-9322

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Signature _____

Date _____