

Angelical Touch Massage Therapy

Angel Rivera, Licensed Massage and Bodywork Therapist, LMBT, NC #7517
100 Cornerstone Dr, Cary, NC 27519
Cellular phone: 919-744-8081

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip _____

Phone (home): _____ (work) _____ (cellular) _____

e-mail: _____

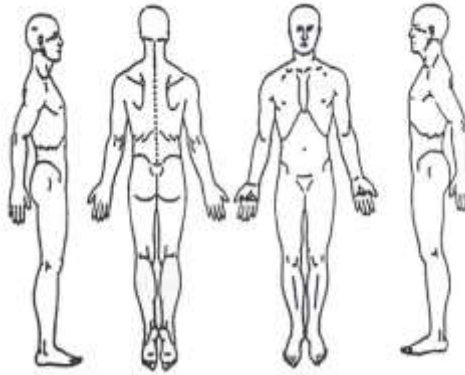
Do you have any medical conditions which could be affected by today's massage? Yes No

If yes, are you currently under the care of a health care provider for this condition? Yes No

Have you had a recent injury or illness? Yes No

If yes, please explain: _____

On the figure below, please shade in any areas where there is pain or stiffness



Comments _____

I am voluntarily wishing to experience a session of therapeutic massage by Angel Rivera. I understand that massage therapists do not diagnose disease, prescribe medications or manipulate bones. I further understand that massage therapy is not a substitute for medical attention or examination. I take responsibility for alerting my practitioner to any physical, mental or emotional changes that occur with my health. Angelical Touch is not responsible for the aggravation of conditions which were present but not disclosed to the practitioner at the time of the massage and which may be affected by massage.

Client Signature: _____ Date: _____

Practitioner Signature: _____ Date: _____

Consent to Treatment of Minor: By my signature below, I hereby authorize Angel Rivera to administer massage, bodywork, or somatic therapy techniques to my child or dependent as they deem necessary.

Signature of Parent or Guardian: _____ Date: _____

Name of Parent or Guardian: _____