

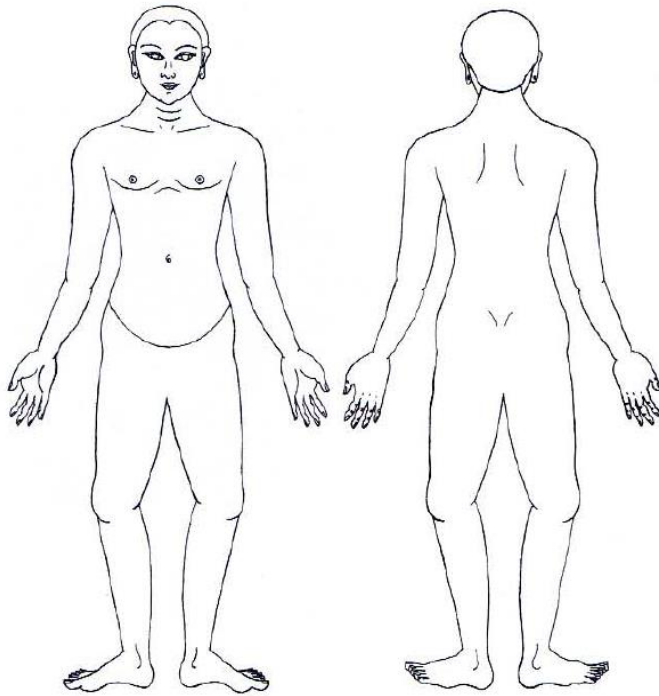
Health Questionnaire

Date _____

Name _____

Phone _____ Email _____

Signature (after reading disclaimer) _____



On the following chart, please circle your tension areas.

Do you have any health conditions? If yes, what treatment are you receiving?

Do you have any movement restriction? If yes, describe them.

Disclaimer: The purpose of Thai Yoga Massage is for relaxation and not meant to diagnose or treat any illness, disease, or any other physical or mental disorder, injury, or pathological condition. If you have a specific medical condition or symptom, receiving or performing massage may be contraindicated. A referral from your primary physician may be requested prior to receiving and/or performing massage. Yoga Happiness Studio will not be held liable for any injury or similar condition that arises from the application of massage.

Yoga Happiness Studio www.YogaHappiness.US