



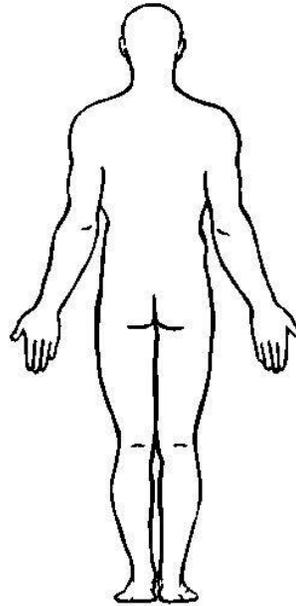
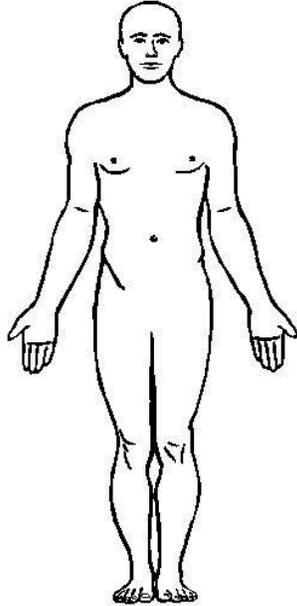
Please circle any areas of pain or concern:

P = pain

T = tension

RI = recent injury

OI = old injury



What can I help you with today? \_\_\_\_\_

When did this condition begin? \_\_\_\_\_

What aggravates it? \_\_\_\_\_

What relieves it? \_\_\_\_\_

What are your goals for us working together? \_\_\_\_\_

Your session time is reserved especially for you. If you find it necessary to re-schedule your session, I ask that you please reschedule or cancel at least 6 hours before the beginning of your appointment or you may be charged a cancellation fee. Thank you for your cooperation and understanding.

My statement to you: I am a member of the United States Trager® Association and American Massage Therapy Association. I comply with the ethical standards these associations represent. This includes holding the client's personal information that is on this form and what is learned in the session is respected and held confidential. Your personal information will not be shared without your consent.

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

Whom may I thank for referring you? \_\_\_\_\_