



Personal

Name:

DOB:

_____ AGE: _____

Phone: _____ May we leave message

Y _____ N _____

May we text reminders of apt? Y _____ N _____

Email:

Have you had therapeutic massage before: Y _____ N _____

Current History

Major Complaint today:

Have you sought other medical treatments for this/what type:

Medications: _____

Other Complaints or Areas to Address:

Past or Present Medical HX

Check all that apply:

- | | | |
|-----------|-----------------|-----------------------|
| Cancer | Headaches | Whiplash Injury |
| Injury | Surgery | Pregnancy |
| Allergies | Spinal Problems | on Blood Thinner Meds |
| TMJ | Arthritis | High Blood Pressure |

What is your desired outcome for this session:

Payment is due at time of service. I take cash, local checks, Visa, MasterCard and Discover.

We ask you give 24 hour notice to change or cancel. Massage appointments may be made online at SalubriousMissoula.com or [SalubriousMissoula1-Facebook](https://www.facebook.com/SalubriousMissoula1). Other times may be available if you call and there are no Physical Therapy appointments booked.

Gift Certificates are available for sale.

I often run specials on Facebook and Twitter so follow me online for the latest news and promotions. Thanks!

