

## Health Status Update

Client Name:

Date:

Any changes to your health since you filled out your intake form? (new diagnosis, new medications, etc.)

- No
- Yes

Any enhancements that you would like to add today?

- Hot Synergy Stones
- Cold Stone Facial\*
- Paraffin Foot Treatment
- Hand or Foot Scrub\*
- Aromatherapy
- Aromatherapy Scalp Massage\*
- Deep Heat Treatment\*
- Cupping\*

**\*One free choice for members within your massage time.**

Areas to focus on today?

For Manual Lymphatic Drainage, **copy** this statement: "I give permission for massage in the breast area." Follow the statement with your initials.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_