

WOODS

MASSAGE

HEALTH CONDITIONS

Please check all that apply:

- | | | |
|---|--|---|
| <input type="checkbox"/> Abdominal or digestive problem | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Respiratory condition |
| <input type="checkbox"/> Angina | <input type="checkbox"/> Headaches | <input type="checkbox"/> Rash, athlete's foot |
| <input type="checkbox"/> Allergies (to _____) | <input type="checkbox"/> Hernia | <input type="checkbox"/> Skin condition |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Heart condition (Pacemaker) | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Blood clots | <input type="checkbox"/> Hepatitis A/B/C | <input type="checkbox"/> Swelling/Edema |
| <input type="checkbox"/> Bruise easily | <input type="checkbox"/> High/Low blood pressure | <input type="checkbox"/> Thyroid condition |
| <input type="checkbox"/> Cancer (where _____) | <input type="checkbox"/> HIV | <input type="checkbox"/> Varicose veins |
| <input type="checkbox"/> Claustrophobic | <input type="checkbox"/> Joint replacement | <input type="checkbox"/> Vision problems/contact lenses |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Muscle, bone injuries | <input type="checkbox"/> Pregnant (weeks _____) |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Numbness/Tingling | <input type="checkbox"/> Smoker |

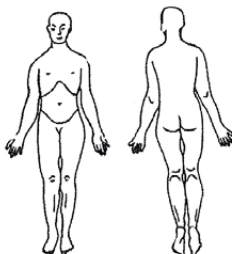
Describe any pain/or other symptoms you currently are experiencing:

Current medications, including Aspirin, Ibuprofen, Vitamins etc:

Recent injury or surgery:

What would you like to get out of the treatment?

Please indicate on the diagram where you are experiencing any soreness or discomfort:



Date	Therapist	Treatment	Comments

WAIVER:

I have answered the Health Questionnaire completely and to the best of my knowledge and understand that neither the Estheticians nor the Massage practitioners nor any of the representatives of the Spa at Poets Cove Resort & Spa, assumes or accepts liability or responsibility for any discomfort, ailment or injury that may ensue from partaking in any said service or product. I further understand that any advice given at the Spa at Poets Cove by any of its staff is not intended to replace the advice of a duly qualified physician.

Signature: _____

Date: _____