

A Touch Above CO, LLC

Karen Lee, CNMT, LMT

HEALTH HISTORY

Name: _____ Date of Birth: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email Address: _____

Emergency Contact: _____ (Phone) _____

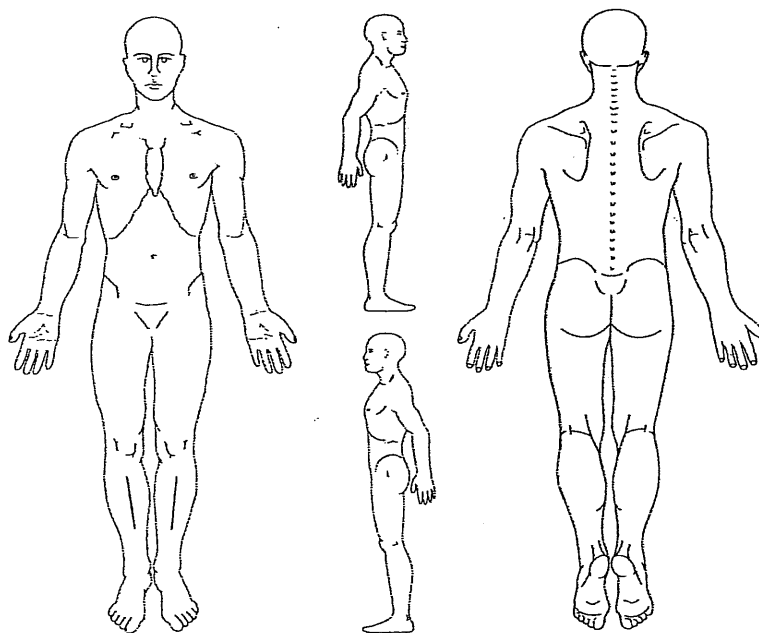
Referred By: _____

What type of pressure do you prefer? Deep/Moderate/Light (Circle one)

Current issue or complaint: _____

Current or previous medical problems (please circle and explain) Surgeries, Fractures, Skin Problems, Blood Clots, Phlebitis, Varicose Veins, Blood Pressure, Heart Condition, Cancer, Communicable or Infections Diseases or other significant medical problems: _____

Instructions: Circle the areas that are bothering you today or where you'd like me to focus



I certify that the above information is complete and correct. I will keep you informed of any medical changes as they occur. I understand that A Touch Above CO, LLC/Karen Lee, LMT will not be liable for any injuries or loss if I fail to notify my massage therapist of any changes.

Signature _____ Date _____

1322 N Academy Blvd Ste 202, Colorado Springs, CO 80909
Phone 719-310-7977 www.atouchaboveco.com