

Session Date: _____

Client Name: _____

Ashiatsu Oriental Bar Therapy Health Form

Please check the following conditions that apply to you:

- | | |
|--|---|
| <input type="checkbox"/> Pregnant or trying to get pregnant (<i>Females</i>) | <input type="checkbox"/> Breast implants in the past 9 months |
| <input type="checkbox"/> Boils, skin lesions or abscesses | <input type="checkbox"/> Varicose Veins |
| <input type="checkbox"/> Recent eye procedures; Example Lasik | <input type="checkbox"/> Thrombosis/Aneurysm |
| <input type="checkbox"/> Kidney disorders | <input type="checkbox"/> Recent bowel or hernia surgery |
| <input type="checkbox"/> Active phlebitis/cellulites | <input type="checkbox"/> Uncontrolled high blood pressure |
| <input type="checkbox"/> Pacemaker, stent or shunt | <input type="checkbox"/> Osteoporosis (advanced stage) |
| <input type="checkbox"/> Any recent (acute) injuries or surgeries | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Taking blood thinning medications | |

If you have checked any of the above conditions, Ashiatsu Oriental Bar Therapy is not for you at this time and will not be performed without the written consent of a Physician.

During your “Ashi” treatment, I prefer to keep the compression at a therapeutic level that I feel is comfortable and safe for you. If you request for more compression on a higher level than that of the therapeutic range I am delivering and you would experience pain, stiffness, soreness and skin irritations, marks, headaches, sinus congestion, bruises or any injury or condition, I, your LMT, will not be held liable.

Client Signature: _____

Date: _____