Saratoga Springs Plastic Surgery, P.C. & Rev. 10/2021 Massage Therapy			
Gretta L. Tag		Kristi J. Thalmann, LMT	
Today's Date:		Home Phone:	
Last Name:		Work Phone:	
First Name:		Cell Phone:	
Street Address:	E-mail A	ddress:	
City: State	e: Zip Coc	le:	
Emergency Contact: (name & number)			
Your Occupation:		Referred By:	
Primary Care Physician:		Physician's Phone:	
Ple	ease answer the	following:	
Have you ever had a professional massage		•	
Please list the types of massages you have experiences.	xperienced:		
What are you looking to get out of today's s	ession?		
Please indicate your stress level by circling:			
Briefly explain what contributes to your stress	Low Modera	te High	
Please list your phyiscal activities and frequent	ncy:		
Please list recent injuries/surgeries/areas of i	nflammation:		
Are you pregnant?	Do you currently h	nave a cold, flu, or fever?	
Important: Please list your current medicatio			
Are you currently under the care of a physic	cian for any condition?	If yes, please explain:	
Asthma/Other Respiratory Conditions Easy Bruising Skin Allergies Tendonitis/Bursitis	High Blood Pressure Cancer/Tumors Back Pain/Sciatica Arthritis/Joint Disease Multiple Sclerosis	our health: Low Blood Pressure Varicose Veins Heart Problems Nerve Degeneration Infectious/Communicable Disea ion, Grief, Anxiety, Fear, Anger	□ Diabetes □ Ulcer □ TMJ ase
I have stated all conditions that I am aware of and this in receive is for the purpose of stress reduction and the relie discomfort, I will immediately inform my massage therap Massage Therapist does not diagnose illness or disease, r I acknowledge that massage is not a substitute for a med that Saratoga Springs MedISpa is a center focused on the Any sexual or other inappropriate behavior will result in i uncomfortable for any reason that I may ask the therapis event that I become injured either directly or indirectly as therapist, their principals and staff at Saratoga Springs Me Patient Signature:	ef from muscular tension, spasi ist so that the pressure and/or nor perform any spinal manipu dical exam or diagnoses and the erapeutic massage only. Any se immediate termination of servi st to end the session. I understa s a result, in whole or in part, o ediSpa and Saratoga Springs Pl	m or pain and to increase circulation. If I experien methods can be adjusted to my comfort level. I u lations, and does not prescribe any medications/ hat I should see my health care provider for those exual advances, innuendo or inappropriate touch ce and no refund for service will be given. I unde and that I am receiving massage therapy at my ov f the aforesaid massage therapy, I hereby hold ha lastic Surgery, PC from all claims and liability what	ce any pain or inderstand that my treatments. I services. I understand is expressly forbidden. irstand that if I become wn risk. In the unlikely armless and indemnify the soever.