



Ashi-Thai Health Form

Please check the following conditions that apply to you:

- () Thrombosis, aneurysm, or blood clots () Pregnant or trying to get pregnant (female)
- () Cancer () Skins Lesions, boils or abscesses
- () Osteoporosis, () Active Rheumatoid Arthritis
- () Varicose Veins () Recent (acute) injuries or surgeries (within 3 years)
- () Lasik eye surgery () Breast Implants in the past 9 months
- () Pacemaker, stent or shunt () Active phlebitis, cellulites or lupus
- () Kidney disorder () Taking blood thinning medications
- () Uncontrolled high blood pressure or heart condition
- () **Severe joint injury or surgery (hip, shoulder, knee, elbow etc)** _____

If you have checked any of the conditions or may have concerns about the possibility of a medical condition, Ashi- Thai therapy is not advised for you at this time and cannot be performed without the written consent of your physician.

During the treatment it is my goal to provide a very therapeutic massage for you and your specific needs. Please keep me informed of any pain or discomfort that you experience so that it may be adjusted accordingly. If you fail to do so, I will not be held responsible for any soreness, stiffness, skin irritations, marks, headaches, sinus congestion, bruises or any other injury or conditions that you may experience.

Client Signature: _____

Date: ____/____/____