

Please explain any health issues circled that need further elaboration: _____

Do you exercise currently? Yes / No

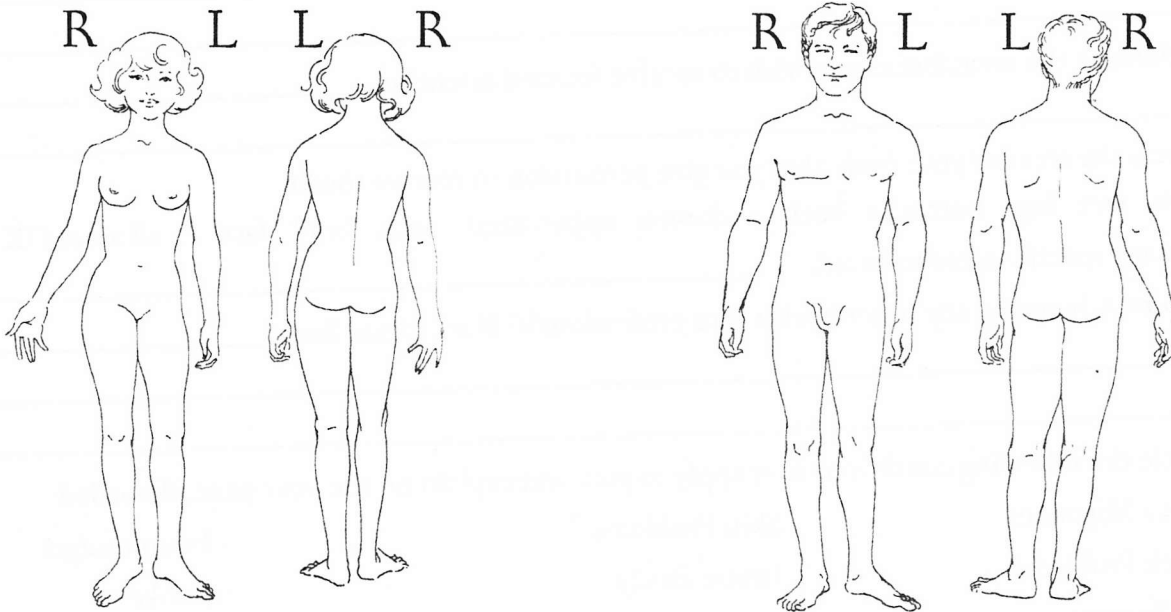
If Yes, what type of exercise and how often? _____

What are the main sources of stress/difficulty in your life? _____

How do you deal with stress, and what brings you joy in life? _____

Is there anything else you would like to have on record? _____

Please indicate on the figures below (using lines, circles, etc.) any areas of pain, tension, or discomfort



I have completed this profile to the best of my knowledge. It is my choice to receive Massage Therapy, and/or Sound Healing and/or Energywork. I realize the therapy given is for stress reduction, relief from tension, to increase circulation and flexibility and for my general well-being. I understand that I am in control of the therapy session at all times, and I agree to communicate directly with Joseph Mizelle at any time during treatment should I feel that my well-being is in any way being compromised. I understand that our time together is valuable and I agree to give at least 24 hours notice should I need to cancel or reschedule. Unless due to emergency, I agree to pay a cancellation fee (\$35) for any missed appointments. I understand that Licensed Massage Therapists do not diagnose illness, disease, or any physical or mental disorder(s). I acknowledge that Massage Therapy is not a substitute for medical examinations or diagnosis and that it is recommended that I see a primary health care provider for that service. I have stated all medical conditions that I am aware of and will update my practitioner regarding any changes in my health status. The undersigned affirms that he/she has read this agreement.

Signature: _____ Date: _____