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I Understand That I Will Be Receiving Hot Stone Massage As An Adjunct Form Of Healthcare Only And That This Therapy Is Not Meant To Replace Appropriate Medical Care. I Release The Massage Therapist/practitioner Of Any And All Liability For Any Harm That May Unintentionally Occur During My Treatment(s). 1th, 2024

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What Type Of Massage Are You Seeking?  Relaxation  Therapeutic/Deep Tissue Other \_\_\_\_\_  Light  Medium  Deep Sensitivities? yes No \_\_\_\_\_ Want Massaged?  Yes  No Please Explain \_\_\_\_\_ What Are Your Goals For This Treatment Session? ...File Size: 164KB 1th, 2024

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Jul 01, 2012 · Area Of Massage To Be Performed? Treatment Description Advice Given / Feedback From Patient: Therapist

Signed: Date: Supervisor: SM Sports Massage Consultation Form July 2012. University Of 1th, 2024

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Massage Client Information And Consultation Form Do You Have Any Other Medical Conditions? Home/Cell Phone: Work Phone: Date Of Birth: Emergency Contact: Occupation: Reason For Appointment: Have You Ever Had A Professional Massage Before? YES NO ... 1th, 2024

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Jacqueline Young, Self Massage: The Complete 15-minute-a-day The Length Of Time The Self-massage Lasts Depends On The Effect You Want To Achieve. A Brisk, Quick Massage In The Morning Is Invigorating And Stimulating And A Good Start To The 1th, 2024

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