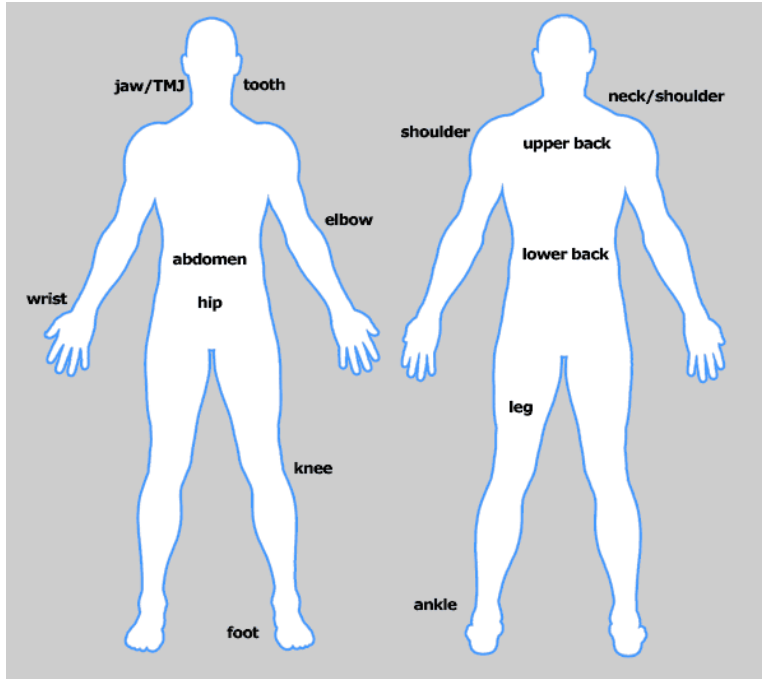


Please locate areas of discomfort or pain:



- Tension
- Tenderness
- Stiffness
- Muscle cramps
- Swelling
- Restricted movement
- Bursitis
- Tendonitis
- Pain

Please Initial the boxes if you consent to the following:

- I understand that discussing specific areas to be treated and agreement to proceed with massage is informed consent.
- I give my consent to receive periodic e-mails and newsletters from Mountain Chiropractic and Natural Health, which may include appointment reminders, schedule changes, promotions and other helpful information which we wish to share with our clients.
- I understand that 24 hours' notice is required to cancel an appointment; otherwise a full treatment charge will apply with the exception of emergencies

Signature _____

Date: ____/____/____

Practitioner Notes:
