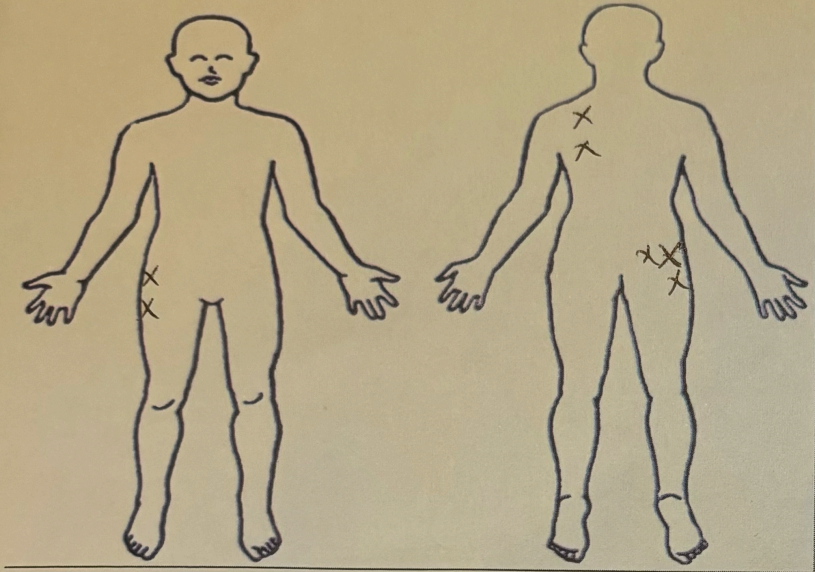




A GOOD THERAPIST

Physical Observations

Please mark any areas of tension, or that you are experiencing pain and discomfort in the diagram below:



Formal Consent

I understand that the services received today, Massage Therapy, Remedial Massage, I receive is provided for the basic purpose of relaxation, stress reduction and muscular tension and most important pure enjoyment. I further understand that the massage, skin treatment, and any other aspects relating to today's treatment should not be construed as substitute for medical examination, diagnosis, or treatment in any manner. The treatments performed today do not take the place of medical treatment where needed. If you are in doubt, please consult your doctor or physician.

Client's Name: MICHELLE

Client's Signature: [Signature]

Date: 23/11/24