

SERENITY MASSAGE WNY

Patient Update Form

As a Licensed Massage Therapist, I have made a commitment to providing you with the highest quality of care. Keeping your health, well-being and safety in mind are there any recent changes in your health that I need to know today?

Are you taking any new medicine (prescription or over the counter)?

If yes, please list:

Yes

No

Have you recently been or are you currently sick (cold, flu, etc)?

If yes, please list:

Yes

No

Have you had any recent injuries?

If yes, please list:

Yes

No

Have you recently had any surgeries?

If yes, please list:

Yes

No

Is there anything else about your general health that has changed?

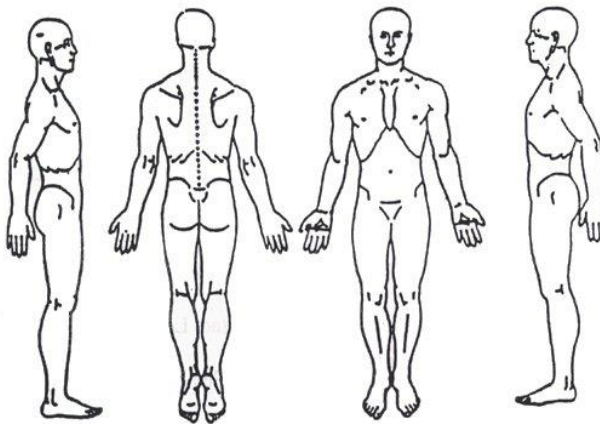
If yes, please explain:

Yes

No

Are there any areas you would like to focus on during today's appointment?

Please shade in any area(s)



DATE: _____

DATE OF BIRTH: _____

NAME: _____

(Print Name)

SIGNATURE: _____