THE DAWN WELLNESS CENTRE AND REHAB THAILAND
contact@thedawnrehab.com
thedawnrehab.com

Annex H: Massage Evaluation

This document is an incorporated Annex to the Agreement of Terms, Conditions, and Policies. All disputes arising from this document are fully subject to the conditions stated therein.

Preference of Pressure ◯Strong ◯Standard ◯Soft

Type of Massage ◯Thai Massage ◯Oil Massage ◯Foot Massage

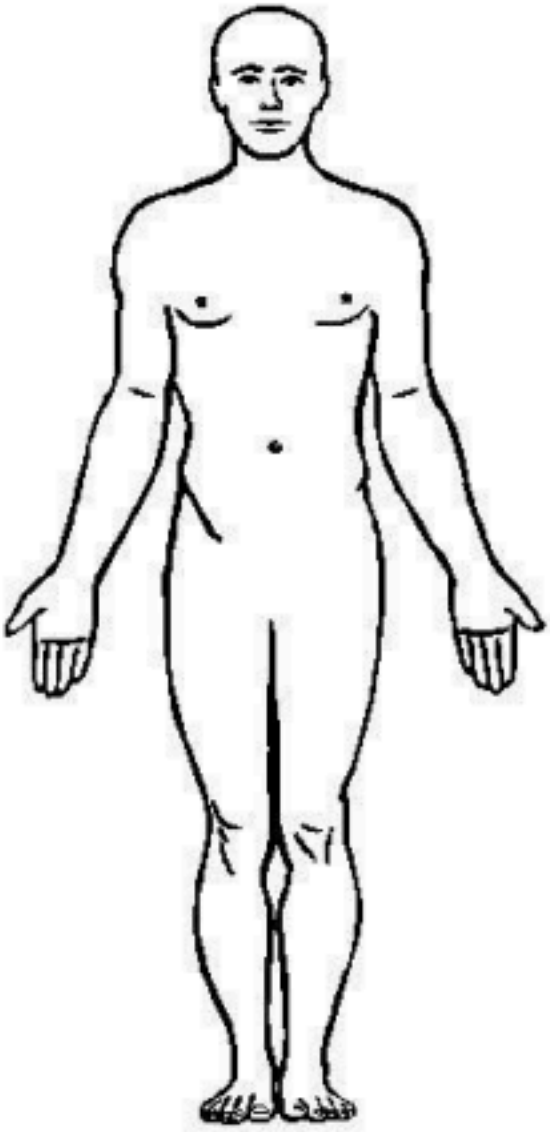
Any Physical Conditions ◯Yes ◯No

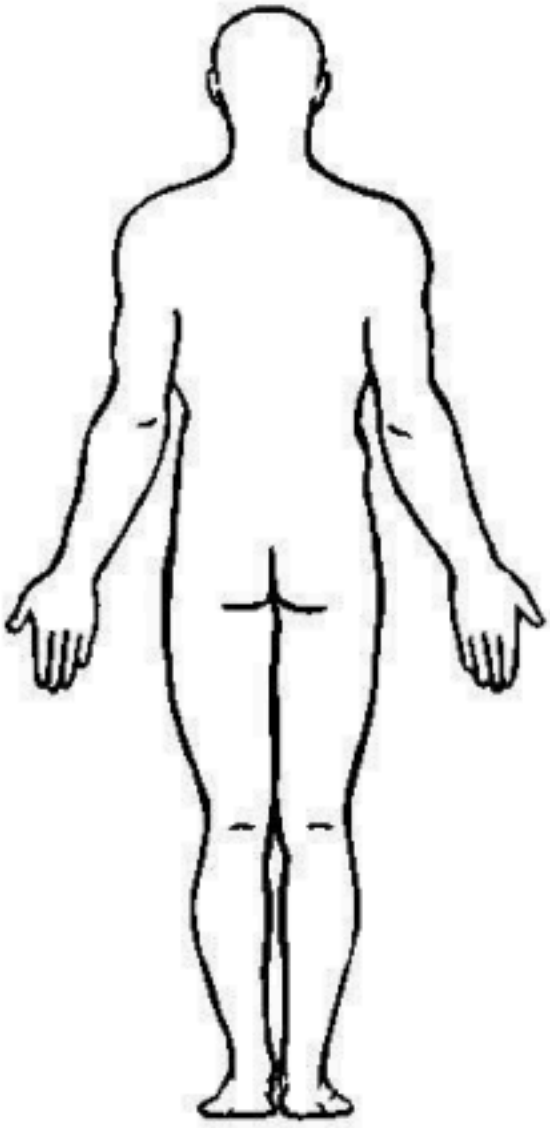
Pregnancy	◯Yes ◯No
Allergies	◯Yes ◯No
High Blood Pressure	◯Yes ◯No
Heart Conditions	◯Yes ◯No
Diabetes	◯Yes ◯No
Cancer	◯Yes ◯No
Period	◯Yes ◯No
Arthritis	◯Yes ◯No
Joint Replacements	◯Yes ◯No
Stroke	◯Yes ◯No
Numbness	◯Yes ◯No
Kidney Dysfunction	◯Yes ◯No
Fibromyalgia	◯Yes ◯No
Blood Clots	◯Yes ◯No
Sprains or Strains	◯Yes ◯No
Injuries or Surgery	◯Yes ◯No
Other physical conditions	◯Yes ◯No

Past injuries or other physical conditions

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Please circle on parts of the body you would like to be focused on and mark 'X' on parts of body you would like to be avoided.





By signing below, I, _____, agree that I have completed this form to the best of my ability and knowledge and agree to inform the massage therapist if any of the above information changes at any time.

I also understand that rescheduling is not allowed unless I am medically or clinically excused.