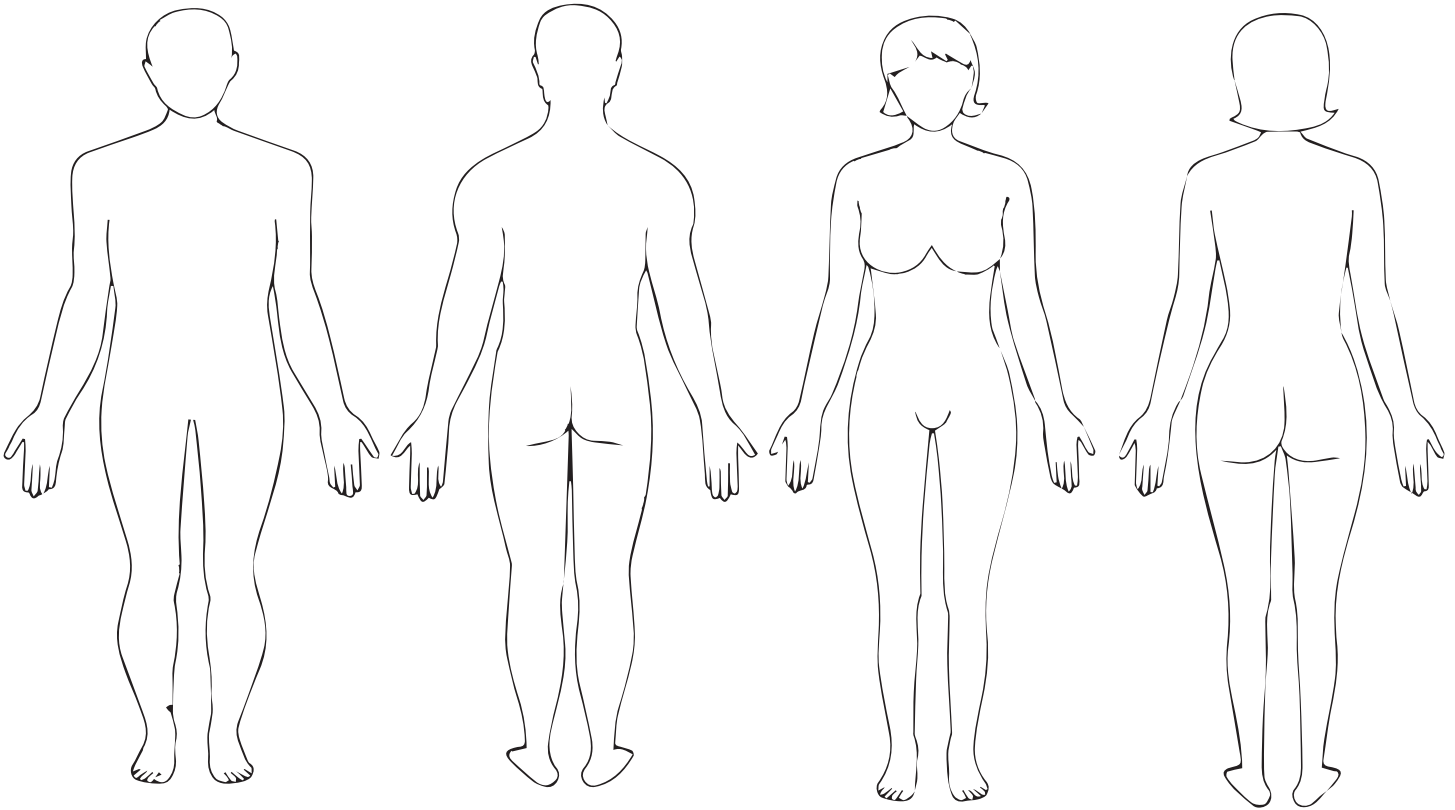


# Myokinetic

Maggie Van Luven RMT  
Your Choice in Registered Massage Therapy



Please place an "X" in the areas where you feel pain or discomfort.

As observed, with the health care consent act of 1996, it is my choice to receive massage therapy treatment. I am aware that it is not necessary to remove all articles of clothing for the treatment and I will remove the clothing I am comfortable with. I have been made aware that I may experience possible side effects from the treatment, such as: temporary discomfort with in the muscles between 24-48 hours after treatment, bruising and temporary dizziness.

I acknowledge that I have been informed that I may terminate the treatment at any point of the massage at my discretion.

I declare that the information on this medial form is true to the best of my knowledge.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_