



ROOTS & BRANCHES MASSAGE AND HERBALS
HEALTH STATUS UPDATE

Client Name: _____ Date: _____ Age: _____

On the figures above, clearly mark the areas where you are experiencing physical discomfort today. If your symptoms are emotional, please state so here and we'll talk prior to your session:

Rate how you are feeling by circling the number that best represents how you feel today:

No pain 0 1 2 3 4 5 6 7 8 9 10 Pain is unbearable

Able to do everything 0 1 2 3 4 5 6 7 8 9 10 Unable to function

Details:

Signature: _____