



Respiratory intake form for massage

For all our safety, please fill this out 24 hours prior to each massage (until further notice). Be sure that the information you will give is accurate and complete. Face Mask will be required for massages. Please get immediate medical attention if you have any of the severe COVID-19 signs.

- Name * _____
- Email * _____
- Phone Number _____
- In the past 14 days, I have experienced

Fever Dry Cough Fatigue Difficulty breathing Loss of taste and smell Headaches Chest pain Sore throat _____

Signature: _____

Date: _____

Disclosure: The information provided only provides patients with general information and recovery tips for Brazilian. You, as a patient/client, should consult with your surgeon about the permitted and prohibited diet and activities after surgery. Contact your surgeon if you experience any unusual symptoms or problems such as infection and keep your follow-up appointments.