

Ming Qi Tui Na / Message Therapy

161 Madison Ave 12 FL, New York NY 10016 Tel: 212-686-8689

HISTORY QUESTIONNAIRE (病史咨询表)

NAME (英文) : _____ SEX (性别) : Male (男) Female (女)

PHONE (电话) : (C 手机) _____ (H 家) _____ DOB (出生年月)

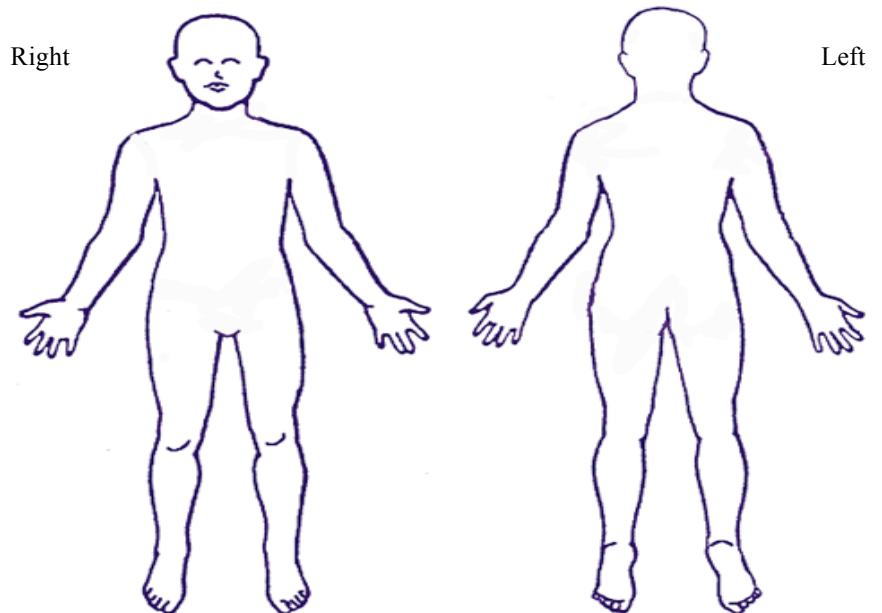
REASON FOR THIS VISIT (这次就诊的原因是) :

DO YOU HAVE ANY OF THE FOLLOWING HEALTH CONDITIONS? (你有以下健康情况吗)

- Pregnancy (怀孕) Peacemaker (心脏协调器) Diabetes (糖尿病) On anticoagulation meds (服用抗凝血药)

Please mark on the figure on the right

请在右图的不适处做出记号:



The type of the body work suggested:

被推荐的或您喜欢的推拿项目为:

- Deep Tissue Acupressure 深层肌肉指压
 Essential Oil Massage 精油推拿
 Joint & Scalp Therapy 关节及头部推拿
 Reflexology 足底按摩
 Lymphatic Drainage 淋巴排毒
 Weight & Cellulite 减肥及大腿赘肉
 Facial & Skin Care 美容美肤

Therapy given time (推拿时间) : 120min 90 min 60min 30min Other _____

Your Therapist is: _____, are you satisfied with his/her work? Great Fine Not Good

您的推拿医师是: _____, 您对其治疗服务的评价是: 非常满意 满意 不满意

Name Signature (签名) : _____ Date (日期) : _____

Notes: We are appreciated your suggestion and please give us feedback by email: mjin888@hotmail.com

注：如果您对我们的治疗服务有何意见和建议，欢迎您用电邮与本诊所联系，

电邮地址：mjin888@hotmail.com