

Welcome! I would like to make your appointment as pleasant and comfortable as possible. If at any time you have questions regarding your session, please let me know.

Name:	Phone Number:	
Address:	City, State, Zip:	
Email Address:	Date of Birth:	
Occupation:	Employer:	
Emergency Contact:	Referred by:	

Have you previously had a professional massage? () No () Yes
If YES, by whom, how recently and with what frequency/modality?

What type of pressure do you prefer? () Light () Medium () Firm

What is your goal for your therapy session today? () Relaxation () Therapy for knotted muscles

Please list any new injuries, chronic conditions, and/or areas of muscle tension or strain:

Do any of the following apply to you?

- Sinus problems
- Open cut/wound
- Plantar Warts
- Skin conditions
- Bruise easily
- Varicose veins
- Contagious disease
- Cardiac/Circulatory problems

Are you pregnant?

- No / Yes
- If yes, due date? _____

Physical Activity Level

- Sedentary
- Active
- Physical labor
- Other:

Do you suffer from allergies?

- No / Yes
- If yes:
 - Nuts
 - Seasonal
 - Pet
 - Hay/Grass

Are you currently taking any medications? () No () Yes
If yes, please list names and reasons for medications:

Do you eat 7-13 servings of fruits and vegetables every day? () Yes () No, I don't. I'd like more info on a convenient & easy way for my family to get a variety or 30 different fruits, vegetables and berries daily.

The following can occur during massage; they are normal responses to relaxation. Trust your body to express what it needs: the need to move or change position, sighing, yawning, change in breathing, stomach gurgling, emotional feelings and/or expression; movement of intestinal gas, energy shifts, falling asleep, memories, temperature change, thirst.

I understand that although massage therapy can be very therapeutic, relaxing, and reduce muscular tension, it is not a substitute for medical examination, diagnosis and treatment. Being that massage should not be done under certain medical conditions, I affirm that I have answered all questions pertaining to medical conditions completely and truthfully. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure may be adjusted to my level of comfort. I understand that this is a therapeutic massage and any illicit or sexually suggestive remarks or advances will terminate the session and I will be liable for payment of the scheduled session.

I also understand that Massage Kneads, LLC must implement a late cancellation policy of 50% of the scheduled session and I agree to give at least 24 hours' notice before rescheduling or cancelling my appointment.

Signature: _____

Date: _____