

Deeply Kneaded

Therapeutic Massage

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

Name _____ How did you find us (Google, Yahoo, Etc) _____

Address _____ State _____ City _____

Work phone _____ Cell phone _____ Occupation _____

Email (to receive specials) _____ D/O/B _____

Will you be using a gift certificate today? _____ Gift Cert # _____

Have you ever received massage therapy? _____ If so what type? _____

Are you currently taking any medications? _____

If yes please list type and reason for medications _____

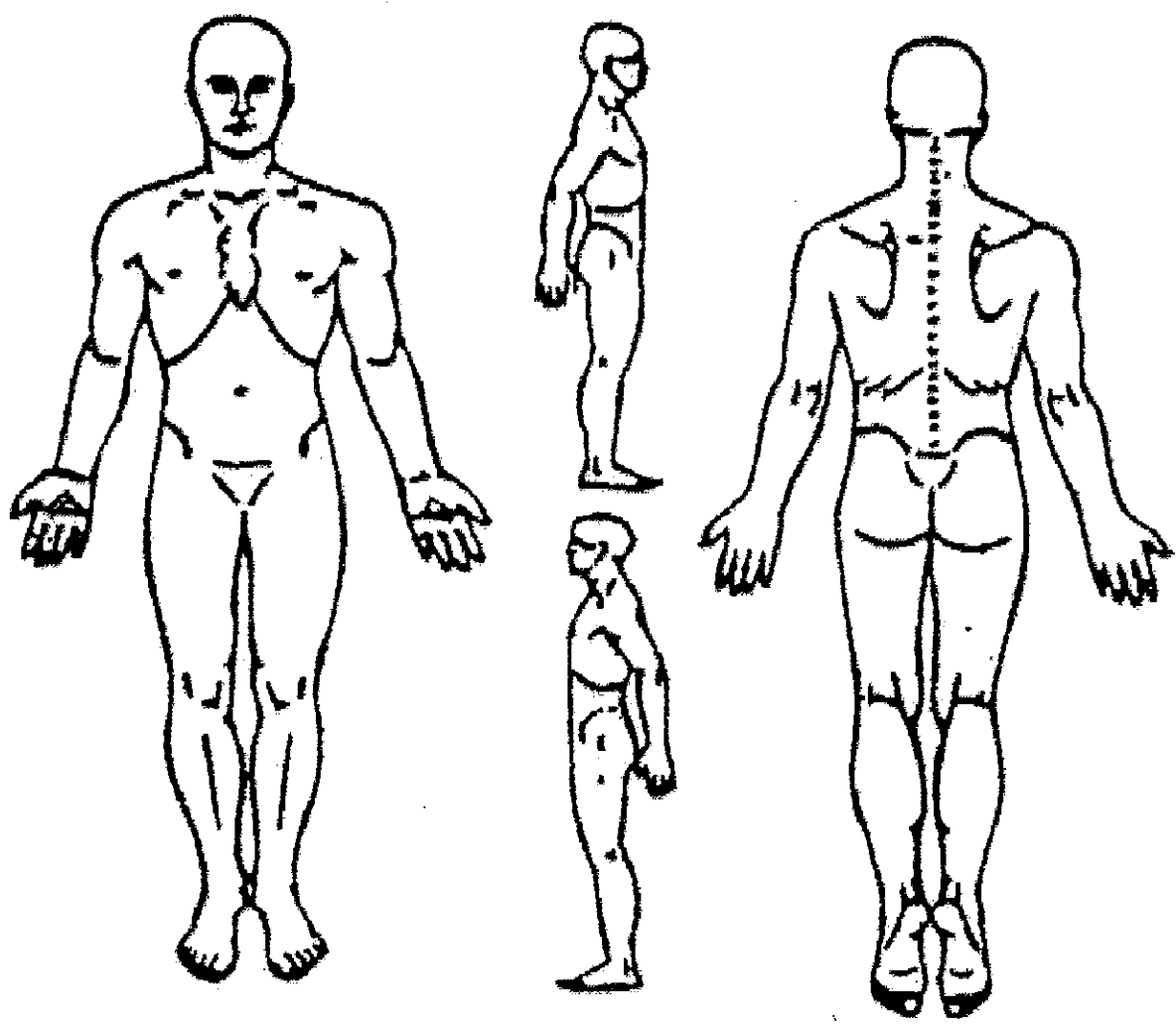
Are you currently seeing a healthcare professional? _____

If so please list names and reason for treatment _____

Please review this list and check those conditions that have affected your health either recently or in the past. Please place a check mark next to the condition.

- | | |
|--|---|
| <input type="checkbox"/> arthritis | <input type="checkbox"/> depression, panic disorder, other psych condition |
| <input type="checkbox"/> diabetes | <input type="checkbox"/> headaches |
| <input type="checkbox"/> blood clots | <input type="checkbox"/> heart conditions |
| <input type="checkbox"/> broken/dislocated bones | <input type="checkbox"/> back problems |
| <input type="checkbox"/> cancer | <input type="checkbox"/> high blood pressure |
| <input type="checkbox"/> chronic pain | <input type="checkbox"/> insomnia |
| <input type="checkbox"/> hepatitis | <input type="checkbox"/> muscle strain/sprain |
| <input type="checkbox"/> skin conditions (rash , cuts) | <input type="checkbox"/> pregnancy |
| <input type="checkbox"/> stroke | <input type="checkbox"/> scoliosis |
| <input type="checkbox"/> surgery | <input type="checkbox"/> whiplash |
| <input type="checkbox"/> TMJ disorder | <input type="checkbox"/> allergies to nut oil , perfumes, or dyes |
| <input type="checkbox"/> diverticulitis | <input type="checkbox"/> auto-immune condition (<i>AIDS, FIBROMYLAGIA, CHRONIC FATIGUE, LUPUS ETC.</i>) |

Please mark on the diagram below your areas of pain and tension



Please be sure to remove any necklaces or bracelets so they don't get massage cream or oil on them.

Please be sure to let me know if the pressure is too much, or if you would like more in certain areas, I will periodically check the pressure with you also.

Please read the following information and sign below:

1. 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.
2. This is a therapeutic massage and any sexual remarks or advances will terminate the session and I will be liable for payment of the scheduled treatment.
3. Being that massage should not be done under certain medical conditions, I affirm that I have answered all questions pertaining to medical conditions truthfully.

Signature: _____ Date _____