

All You Knead Massage & Bodywork



Name _____ Date of Birth _____

Address _____

Phone _____ Cell / Other _____

Email address _____

Would you like to be informed of specials and events? Yes / No

Male / Female Occupation _____ How long? _____

Have you had massage therapy or bodywork before? Yes / No How often? _____

How did you hear about All You Knead Massage & Bodywork? _____

Please circle any of the following symptoms which apply:

Sinus/ Allergies
Numbness/ Tingling
Shooting Pains
High / Low Blood Pressure
Warts
Skin Conditions
Open Sores
Bursitis
Arthritis
Tendonitis
Constipation
Diarrhea

Swelling/ Edema
Dizziness/ Fainting
Seizures/ Convulsions
Diabetes
Osteoporosis
TMJ / Jaw Pain
Trouble Sleeping
Fever
Blood Clots
Loss of Sensation
Athletes Feet
Ringworm

Hypoglycemia
Hyperglycemia
Bruise Easily
Varicose Veins
Heart Condition
Headaches/Migraines
Pregnant
Circulation Problems
Fibromyalgia
Sciatica
Frozen Shoulder

Please note that some of the above conditions are contraindicated and I may need to ask further questions so that I know if it is safe to treat you with massage and bodywork therapy.

Have you had any serious or chronic illness, operations, or traumatic accidents in your lifetime? If so please explain

Are you currently or within the past year under the care of a physician? Yes / No

If so, for what condition? _____

If necessary do I have permission to contact your physician? _____

Doctor: _____ Phone: _____

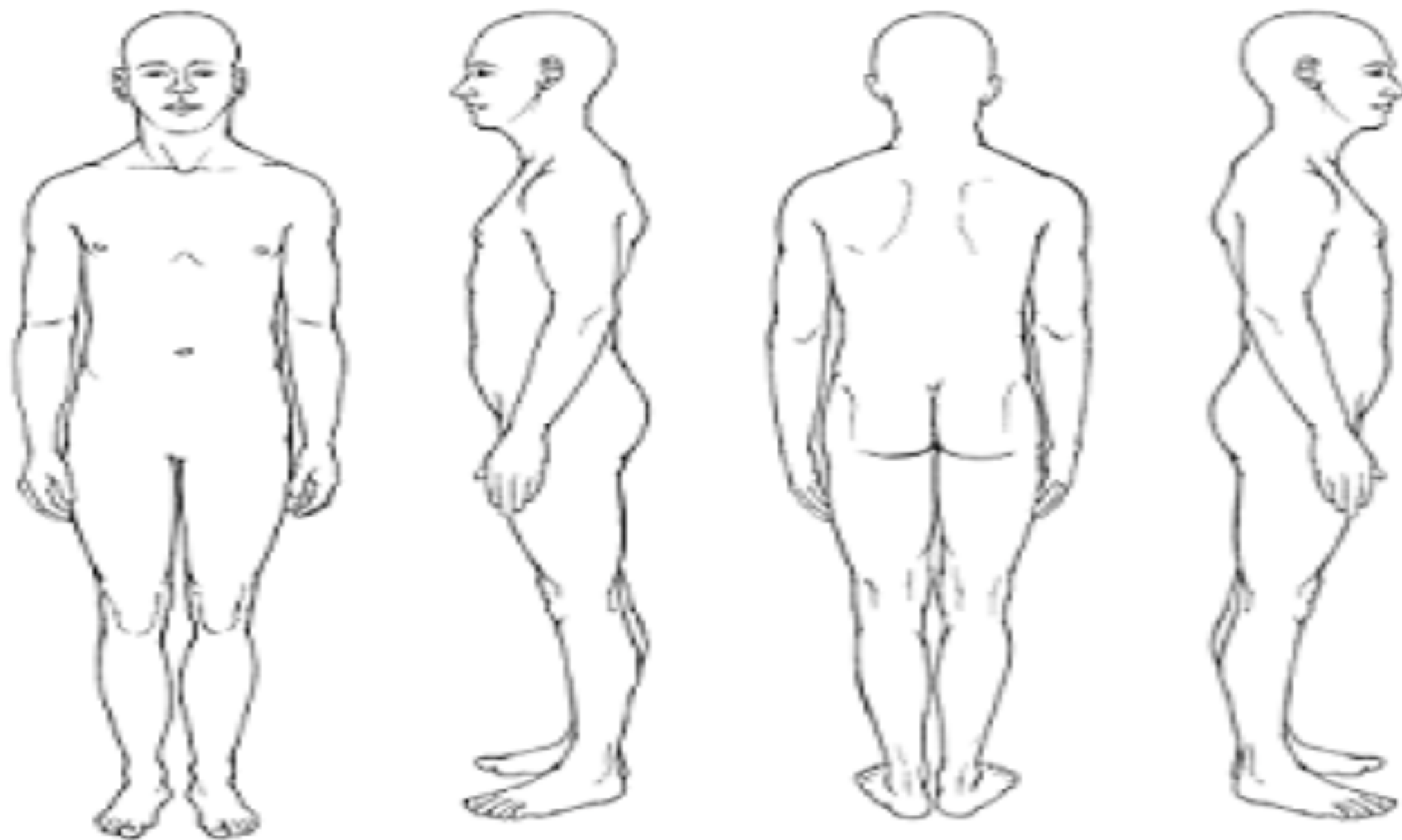
List all medications and supplements you're currently taking.

*Some of the oils and creams that I use may contain nuts or essential oils. It's important to know if you are allergic to anything that may be in them.

What is your goal for your session today? (Specific ailments or pains that you would like addressed)

Please indicate where you feel the most pain today on the body map below.

Key
P = pain or tenderness
S = joint or muscle stiffness
N = numbness or tingling



Any other notes or instructions for your therapist can be listed below? (No talking, type of pressure you prefer, essential oils you like or dislike, type of music, are you hot or cold natured, are you ticklish anywhere.... etc.)

It is my goal to give you the best massage experience and it helps to know what you like and dislike about a massage.

I have completed this intake form to the best of my knowledge. I understand that massage and bodywork services are a therapeutic health aid and are non-sexual. I understand that massage

and bodywork therapy does not diagnose, or prescribe medical treatment or pharmaceuticals for disease or illness and that spinal manipulation is not part of therapy here.

I understand that massage and bodywork therapy is not a substitute for medical care and it is recommended that I work with my primary caregiver for any conditions I may have.

If I am not able to keep a scheduled appointment, I agree to cancel 24 hours in advance unless in an emergency situation. If I miss a scheduled appointment without giving 24 hours notice, I agree to pay any missed appointment charges.

I have stated all known physical conditions, medical conditions, and medications, and I will update my therapist of any changes.

Client Signature _____ Date _____

Parent / Guardian Signature (for clients under the age of 18) _____