

# Consultation Document

## Knot Kneaded Massage Therapy

115 Fillmore

San Angelo, Texas 76904

325-226-2173

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Email: \_\_\_\_\_

### **Are you under the age of 17?**

**If yes, must have written consent of parent or guardian to receive massage.**

Please check below all that apply:

Spinal Problems     Allergies     High Blood Pressure     Bruise Easily

Varicose Veins     Migraines     Heart Conditions     Injuries

Smoke     Currently Pregnant? Due Date: \_\_\_\_\_

Please explain any checked above: \_\_\_\_\_

\_\_\_\_\_

Any medical conditions your therapist should be made aware of?

Current Medications: \_\_\_\_\_

Type of massage that you are requesting (*Please circle one below*):

Swedish/Relaxation    Deep Tissue    Trigger Point    Pregnancy Massage    Hot Stone

Areas of Pain/Tension: \_\_\_\_\_

Areas to be avoided: \_\_\_\_\_

**NOTICE:**

Massage therapy is not a substitute for medical examination or diagnosis. It is recommended that I see a physician for any physical ailment that I have. I understand that the massage therapist does not prescribe medical treatments or pharmaceuticals, and does not perform any spinal adjustments. I am aware that if I have any serious medical diagnosis I must provide a physician’s written consent prior to services.

**The massage therapist will not perform breast massage on female clients without the written consent of the client prior to the massage session.**

**Draping will be used during the massage session unless otherwise agreed to in writing by both the client and the therapist.**

**If uncomfortable for any reason the client or therapist may ask to end the massage session, and the session will be ended at that time.**

**To be completed by therapist:**

Type of Massage Technique to be implemented: \_\_\_\_\_

\_\_\_\_\_

Parts of the body to be massaged (Including indications and contraindications): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank You!