Body Kneads massage therapy

Mary Peifer, R.N., L.M.T
309-219-1790
bodykneadsLLC@gmail.com

*Patient Information:

Name:_____

Address:_____

City:_____State:_____Zip:_____

Phone_____

Email_____

Date of Birth_____

Emergency Contact_____

EC Phone_____

*Current Health Information:

Primary Reason for Appointment-

_____Relaxation
_____Stress Reduction
_____Pain Relief- Where?_____
_____Symptom relief-Where?_____
_____Other(describe) _____

Have you had a professional massage before?

____NO____YES How often?_____

Check all current and past conditions:

____ Allergies	____Arthritis
____ Asthma	____Blood Clots
____ Bowel Issues	____Cancer
____ Diabetes	____Dizziness
____ Easy Bruising	____Headaches
____Heart Problems	____High Blood Pressure
____Lymphedema	____ Numbness
____Pain	____ Pregnancy
____Rashes	____ Seizures
____ Skin Problems	____Varicose Veins

Check if you have/had:

____lymph node removal
____radiation-neck/armpit/groin
____chemotherapy
____Port
____Other Medical Devices

List any Major Medical Conditions/Illnesses, Fractures, Surgeries or Accidents (in past 3 years):_____
_____
_____
_____
_____
_____

Are there any areas on your body that you wish not to be touched? If so, where?

_____

I know the following statements are vital to a healthy environment and agree that:

- It is my choice to receive massage therapy for the purpose of relaxation. If I experience pain or discomfort I will immediately inform the therapist.
- I have stated all my known medical conditions and completed the intake form to the best of my knowledge. I will inform the therapist of any changes in my health.
- I understand these massage services are a health aid and do not replace a doctor's care when needed.
- All information is confidential. Written consent is needed for release.
- The massage therapist has the right to refuse service or terminate a session to anyone at any time.
- In respect to privacy proper draping will be used at all times.
- I understand that payment, by cash or check, is due at the time of service. The fee is **$35.00 for 30 minutes and $60.00 for 60 minutes.** Fees are subject to change.

I understand that Mary Peifer, LMT, DOES NOT diagnose illnesses, disease or any other medical condition. I understand that any services provided are not a substitute for medical treatment. I will notify my physician of any health concerns. I have stated all my known medical conditions and will update my health record as needed. I assume all risks for my health and hold harmless, Mary Peifer, LMT, in any services performed.

Signed:_____

Date:_____