



H O L M B E R G

wellness group

Why Knot? Massage Intake Form

Date: _____

Client Information

Client Name: _____ DOB: _____ Gender: M / F
Address: _____ City/State: _____ ZIP: _____
Phone: _____ Email: _____
Emergency contact: _____ Phone: _____
How did you hear about us? _____

List any current medications you are currently take:

Health History

Are you currently pregnant or breastfeeding? _____

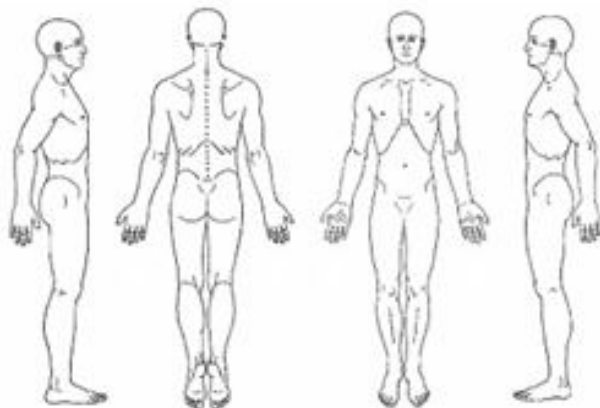
Have you had any injuries or surgeries in the past that may influence today's treatment?

Pain Chart

Indicate with an X where you feel
Any discomfort:

How severe would you rate your pain?
1—2—3—4—5—6—7—8—9—10

How do you like your pressure?
1—2—3—4—5—6—7—8—9—10



Circle any of the following health conditions that you currently have:

blood clots, infections, congestive heart failure, contagious diseases, pitted edema

**Massage may not be advised for the above conditions.*

Please indicate conditions that you have or have had in the past:

Musculoskeletal

- Bone or joint
- Tendonitis/Bursitis
- Arthritis/Gout
- TMJ
- Lupus
- Spinal Problems
- Migraines/Headaches
- Osteoporosis

Circulatory

- Heart condition
- Phlebitis/Varicose Veins
- Blood Clots
- High/Low blood Pressure
- Lymphedema
- Thrombosis/Embolism

Respiratory

- Breathing difficulty/Asthma
- Emphysema
- Allergies
- Sinus Problems

Nervous Systems

- Shingles
- Numbness/Tingling
- Pinched Nerve
- Chronic Pain
- Paralysis
- Multiple Sclerosis
- Parkinson's disease

Reproductive

- Ovarian/Menstrual Problems

Skin

- Allergies, Specify

- Rashes
- Cosmetic Surgery
- Athlete's Foot
- Herpes/Cold Sores

Digestive

- Irritable Bowel Syndrome
- Bladder/Kidney Ailment
- Colitis
- Crohn's Disease
- Ulcers

Psychological

- Anxiety/Stress
- Syndrome
- Depression

Other

- Cancer/Tumors
- Diabetes

Consent for Treatment: If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. 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. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. Understanding all of this, I give my consent to receive care.

Client Signature: _____ Date: _____

Massage Policies

At Holmberg Wellness Group, we understand that unplanned events occur in everyone's life. Unforeseen events such as car problems, traffic considerations, business meetings, and project deadlines, are just a few reasons why one might consider canceling a massage appointment.

In our commitment to provide a unique and outstanding massage experience to all of our clients and out of consideration for our therapists' time, we have for seen the following policies:

CANCELLATION / RESCHEDULING POLICY

We ask that you provide 24-hour notice in event of cancellation or rescheduling. If you do not provide 24-hour notice and cannot call ahead to reschedule, you will be charged a \$25.00 missed apt. fee. If you are late to your appointment, we will provide a massage for the remaining time already scheduled to insure we stay on schedule and respect the next clients scheduled time.

ARRIVAL TO YOUR MASSAGE

Please arrive for your appointment 5 minutes prior to the scheduled starting time. This allows you the time to fill out the appropriate paper work, change and prepare for the service. All massages have a specific time schedule and early arrival allows for a relaxed and unhurried experience. If late arrival is inevitable, your service(s) may be shortened in order to keep on schedule.

CLIENT AND PROFESSIONAL BOUNDARIES

- The client may choose to: leave on as much clothing as needed for comfort, stop massage at any time, and is free to leave at any time during the session.
- Occasionally, an emotional response to massage occurs. We want you to be comfortable and that means that the information you give us behind closed doors will remain behind closed doors.
- Requests for sexual activity will not be tolerated, will be viewed as solicitation, and reported to the proper authorities. The client will not be rescheduled if this occurs.
- The breast and genital area will not be massaged under any circumstances. Permission will be asked before working close to these areas; otherwise, a professional distance will be maintained. Also, low back, hip & gluteal area will be massaged only with permission and can be worked through the draping.
- Sexual interaction or discussion of any kind between the client and the massage therapist is NEVER appropriate and will not be tolerated. This will terminate you from being rescheduled.

EXISTING AND NEW MEDICAL CONDITIONS

It is the responsibility of the client to keep Holmberg Wellness Group and the massage therapist informed of any medical treatment currently being taken, to provide any type of medication being taken at the moment, also keep the massage therapist informed of any changes in health conditions, and provide written permission from the physician, chiropractor, physical therapist, etc. that the massage may be continued.

LIABILITY

Holmberg Wellness Group is not liable for any incidents occurring with massage therapy. It is the client's responsibility to review current health problems, medical conditions, and specific contraindications with the therapist before starting the massage session. If any health problem worsens after massage, it is not the responsibility of the massage therapist or Holmberg Wellness Group.

Signature: _____

Date: _____