Consultation Form

Name:_____ Phone Number_____

Address:_____

City:_____ Zip:_____

Email:_____ How did you hear about us?_____

Your Health:

Are you experiencing any signs of Covid 19?_____

Have you undergone any surgery within the last year?_____

Have you had any of the following health problems in the past or present? Cancer_____ Diabetes_____

Spinal Injury_____ Varicose Veins_____ Heart Problems_____ Blood Clots_____

Are you pregnant or trying to become pregnant? _____ If yes what trimester are you in?_____

Are you experiencing pain? _____ If yes, where is the pain located:_____

Were you injured?_____ If yes, please describe how:_____

Have you had a massage/stretch session before?_____ What type of pressure do you prefer?_____

What would you like to achieve from your session today?_____

_____

Things to discuss with your Therapist each visit:

If any of the above medical conditions have changed. If you are now pregnant. If you have recently injured yourself If you started any new medication.

Consent for Treatment

I confirm to the best of my knowledge that the answers I have given are correct and that I have not withheld any information that may be relevant to my treatment. If I experience any pain or discomfort during my session I will immediately inform the practitioner so that the pressure maybe adjusted. I further understand that massage/stretch 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 physical ailments of which I am aware. I agree that Knead 2 Stretch nor the massage therapist will not be held liable for any injury or loss of person belonging.

Client Signature:_____ Date:_____

Parent/Guardian Signature:_____ Date:_____