

KK's Massage Realty, LLC - Health History Form

Name: _____ Date: _____

Address: _____ Town: _____ State: _____

Phone: _____ Cell: _____ DOB: _____

Email: _____ Occupation/Hobbies: _____

How did you hear about us or who can we "Thank:" _____

ALLERGIES – Do you have any? _____

Areas of Tension? _____

Circle any conditions that apply to you: Pregnant, Accidents, Allergies, Arthritis, Auto Immune, Blood Clots/DVT, Blood Pressure, Bruise Easily, Cancer, Contagious Disease, Diabetes, Ulcer, GERD, IBS, Eczema/Psoriasis, Edema/Swelling, Emotional Difficulties, Fibromyalgia, Cardiac Conditions-Heart Disease, Hepatitis, Aids/HIV, Joint Problems, Kidney/Liver/Urinary Conditions, Lymphatic Conditions, Muscular, Neurological Disease/Stroke, Osteoporosis, Asthma, Skin Conditions, Stenosis, Surgery/Injury, Tendonitis/Bursitis, Varicose Veins, Warts

If circled any above, please explain: _____

Do you have any health conditions or under medical supervision for anything? _____

General Agreement, Consent & Waiver

I, _____, understand that the massage therapy given to me by KK's Massage is for the purpose of relaxation and general health/wellness. The benefits of massage vary by individual and can include relaxation, improved circulation, pain management, improved sports performance, etc. All our massage therapists are duly licensed by the Commonwealth of Massachusetts to perform massage therapy. I understand that massage therapist do not diagnosis medical conditions, nor do they prescribe medical treatments or medications, nor do they perform spinal manipulation or chiropractic adjustments. If you have any specific medical concerns, you should always consult with your physician. I understand that massage therapy can be a valuable complement to health care provided by medical doctors, chiropractic physicians, naturopathic physicians, practitioners of traditional Chinese medicine, psychiatrists and psychologist. I agree to keep my massage therapist informed of any medical treatment I am receiving with the understanding that it may impact the massage, hot stone or cupping therapy that I will receive. I have stated all my known medical conditions, treatments and medications, and I agree to keep the massage therapist updated of any changes. The massage therapist will not be liable for my failure to keep the therapist informed of my medical condition.

I **DO** allow KK's Massage to send text messages to my cell phone (STANDARD DATA FEES AND TEXT MESSAGING RATES MAY APPLY BASED ON YOUR PLAN WITH YOUR MOBILE PHONE CARRIER) and email newsletters and other relevant promotions. My signature below confirms my agreement to the general policies, privacy policy, and consent statements above.

INITIAL: _____ I understand there is a **24-hour cancellation/rescheduling/No Show Policy** and if I cancel or reschedule within the 24-hour period of my scheduled appointment, **I will be charged up to the full rate of the service.**

By signing this release, I hereby waive and release my therapist from any and all liability, past, present and future relating to massage therapy.

Signature: _____ Date: _____