NICE 2B KNEADED MASSAGE & WELLBEING

PERSONAL INFORMATION

Name _____ Phone (day) _____ (evening) _____

Address _____State _____ DOB _____Private health fund_____

Occupation _____ Employer _____

Email _____ Primary Physician _____

Emergency Contact _____ Relationship _____ Phone _____

How did you hear about us? _____

MEDICAL INFORMATION

Have you recently been overseas? ☐ Yes ☐ No

Do you have symptoms of fever, dry cough itchy or sore throat?
☐ Yes ☐ No

In the last 14 days have you been to any hot spots of Covid-19 or around anyone that has?
☐ Yes ☐No

Are you taking medication/if so please list

_____

Are you pregnant? ☐ Yes _____☐ No _how far?_____

Do you suffer from chronic pain? ☐ Yes ☐ No

If yes, please explain _____

What makes it better? _____

_____

What makes it worse? _____

_____

Have you had any orthopaedic injuries? ☐ yes ☐ No

If yes, please list: _____

Please indicate any of the following that apply to you.

☐ Asthma	☐ Allergies
☐ Cancer	☐ Fibromyalgia
☐ Headaches/Migraines	☐ Depression
☐ Arthritis	☐ Heart Attack /Stroke
☐ Diabetes	☐ Kidney Dysfunction
☐ Joint Replacement(s)	☐ Blood Clots
☐ High/Low Blood Pressure	☐ Numbness
☐ Neuropathy	☐Sprains or Strains

Briefly explain any conditions you have marked above:

_____

_____

_____

_____

MASSAGE INFORMATION

A. Have you had a professional massage before?
☐ Yes ☐ No

What type of massage are you seeking?
☐ Relaxation ☐ Therapeutic/Deep Tissue

What other Holistic therapies have you tried?

_____

What pressure do you prefer?

☐ Light ☐ Medium ☐ Deep

Do you have any sensitivity to essential oils? ☐ Yes ☐ No

Please explain _____

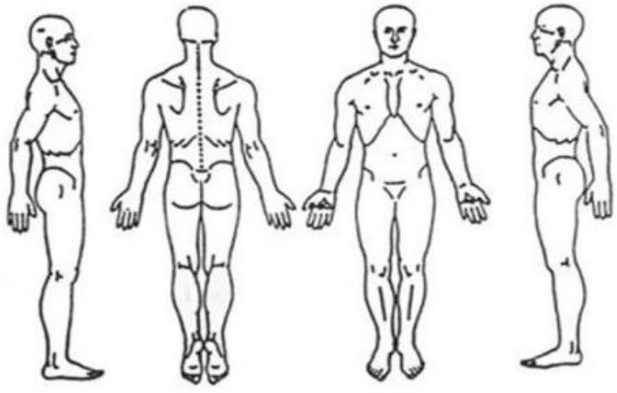
Are there any areas (feet, face, abdomen, etc.) you do not want massaged? ☐ Yes ☐ No

Please explain _____

What are your goals for this treatment session today?

_____

Please circle any areas of discomfort



By signing below you agree to the following.

I have completed this form to the best of my ability and knowledge and agree to inform my therapist if any of the above information changes at any time.

Client Signature _____ *Date*_____