



Massage Consent & History

Name: _____

Birthdate: _____

Address: _____

City/State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Email: _____ Occupation: _____

Emergency Contact: _____ Phone: _____

Referred by: _____

Because a massage therapist must be aware of any existing physical conditions the patient may have, I have listed all my known medical conditions and will inform my massage therapist of any changes in my health. I understand that the massage therapy I am given is for the purpose of stress reduction, relief from neuromuscular tension or spasm, and/or for improving circulation. I understand that a massage therapist neither diagnosis illness, prescribes treatment, nor performs spinal manipulation. I am responsible for consulting with a qualified physician for any ailment I may have. I understand that massage therapy at Koenig Wellness is strictly ethical and therapeutic only, and that draping with a sheet or towel will be required at all times.

I understand I am responsible for full payment at time of service. I understand that I must give a 24 hour notice in the event I must cancel an appointment. Failure to do so will result in a missed appointment charge of \$35.

I have read the above, clearly understand it and consent to massage therapy.

Signed: _____ Date: _____

Have you had massage therapy before? yes no

Current patient of koenig wellness? yes no

Surgeries / hospitalizations / fractures: none

Injuries / car accidents / illnesses: none

Allergies: none

Neurological conditions: none MS parkinson's lupus migraines stroke other:

Bone / tissue conditions: none arthritis gout osteoporosis fibromyalgia other:

Cancer: none yes, where/type?

Pregnant: no yes currently trying

Symptom Drawing

Draw your symptoms¹ using the following symbols:

XXXX = Pain

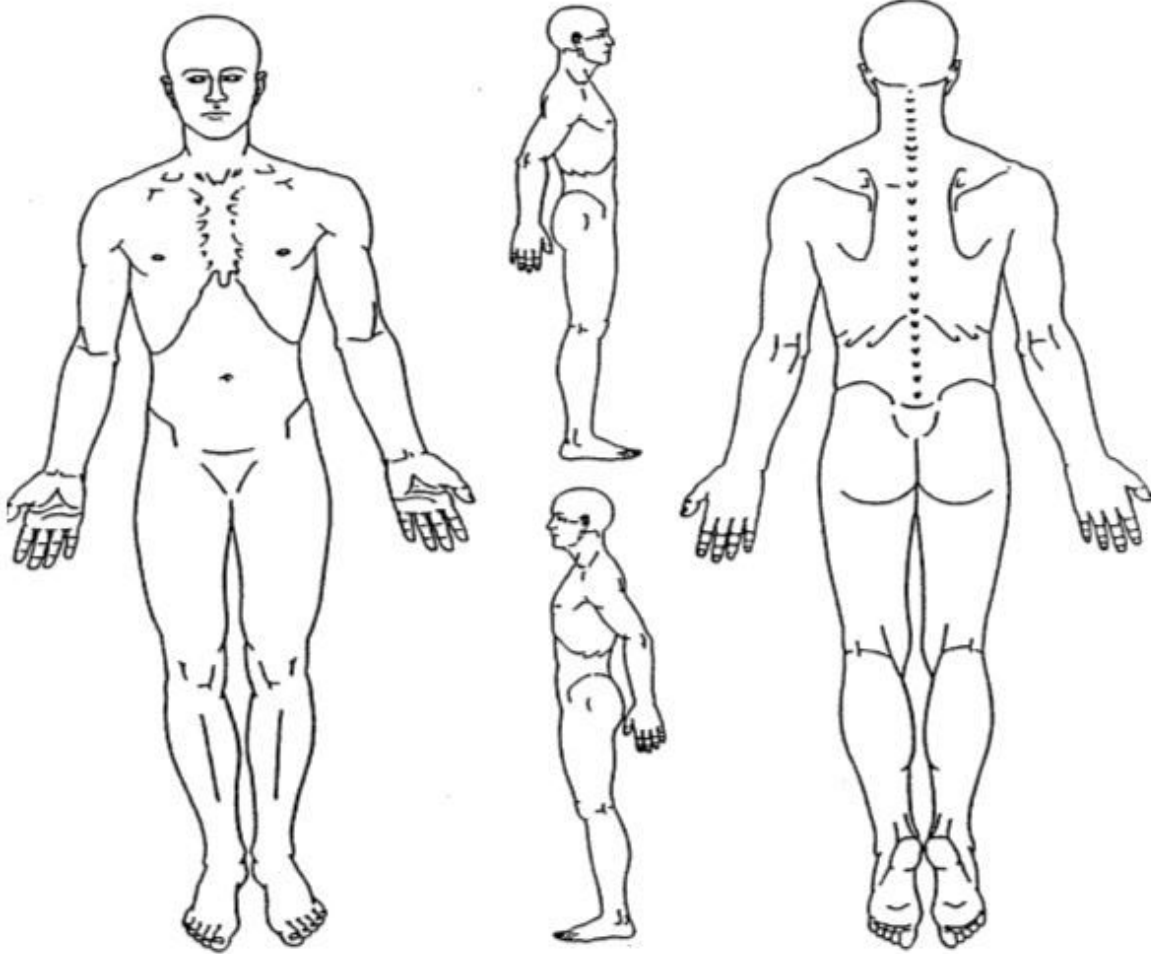
///// = Burn

OOO = Numb

≈≈≈≈ = Spasm

TTT = Tingle

SSS = Stiff



¹ RANSFORD AD, CAIRNS D. MOONEY V: THE PAIN DRAWING AS AN AID, SPINE 1(2): 127-134, 1976