

Deep Tissue Acupressure Therapy Intake Form

* Name	
* Date of Birth	____/____/____
Phone for Reminder Text	() -
Occupation	
Referred by:	
*Mailing Address	
*Emergency Contact Name & Number	
*Email Address	
Have you had acupressure, massages or Bodywork before?	
Do you have a tendency to bruise easily? We can bruise you!	Yes No
How often do you work out?	Yes No
Do you have any recent injuries? Please explain:	
List areas you want to focus on:	
List areas you wish NOT to have focused on:	
Are you taking any blood-clotting medication?	Yes No
Are you taking any blood-thinning mediation?	Yes No
Any sensory altering meds?	Yes No

Please circle any of the following medical conditions/symptoms that apply to you:

Hospitalization	Surgery - plz list all below	Immunity Related Disorder
High Blood Pressure	Fungal infections	Insomnia
Swelling	Whiplash	Hypertension
Numbness	Asthma	Migraines
Carpal Tunnel Syndrome	Hemorrhoids/Fissures	Contagious Disease
Sciatica	Phlebitis/Thrombosis	Pregnancy - special tables available
Tingling	Fibromyalgia	Repetitive Strain Injury
Varicose Veins	Disc Problems	Arthritis - Diagnosed
Cancer/Tumors	Diabetes	Skin Conditions
Dizziness	Allergies	Hyperthyroid/Hypothyroid

Please describe below if any of the above pertains to your treatment today:

This is your session & you should be as comfortable as possible!

**Feel free to ask any questions before, during, or after.
We will be happy to make you feel informed & at ease!**

Consent/Liability Form for Deep Tissue Acupressure Therapy

Initials _____	Sometimes doing work on the body can bring out memories long forgotten or cause emotions to surface unexpectedly. If that happens, let us know and we will stop and we'll decide what to do. ♥
Initials _____	48-hour cancellation notice is required. There will be a cancellation fee without 48-hour notice, of the entire cost of the service scheduled.
Initials _____	If you have any issue with the service provided, please tell your therapist that you want to STOP in the first TEN minutes. You will not be charged. We are not a fit for everyone and we understand this. 😊
Initials _____	<p>I understand that the Acupressure Treatment I receive is provided for the basic purpose of stress reduction, relief from muscular tension or spasm, and/or improving circulation. I understand that an Acupressure Therapist neither diagnoses illness, disease, or any other medical, physical, or mental disorders; nor performs any spinal manipulations. I am responsible for consulting a qualified physician for any ailments I may have.</p> <p>I also understand that Knotty No More specializes in Deep Tissue Acupressure and that can entail bruising, 2-3 days of recovery, and in the event of an issue, I am always welcome to contact the owner and encouraged to do so!</p> <p>The owner's cell number is listed in your instructions - given on your 1st visit.</p>
Initials _____	<p>Knotty No More & its staff/contractors are hereafter referred to as "the Provider." In consideration for your participation in Acupressure Therapy, the client does hereby release & forever discharge the Provider, and its officers, board, & employees/contractors, jointly & severally from any & all actions, causes of actions, claims & demands for, upon or by reason of any damage, loss or injury, which hereafter may be sustained by receiving Acupressure Therapy.</p> <p>This release extends & applies to, & also covers & includes, all unknown, unforeseen, unanticipated & unsuspected injuries, damages, loss and liability & the consequences thereof, as well as those now disclosed & known to exist. The provisions of any state, federal, local or territorial law or state providing substance that releases shall not extend to claims, demands, injuries, or damages which are known or unsuspected to exist at this time, to the person executing such release, are hereby expressly waived. This includes the use of cupping, infrared & far-infrared light therapy, cold laser light therapy, pulsating electromagnetic field, or Halo Himalayan Salt Booth. I hereby agree on behalf of my heirs, executors, administrators, and assigns, to indemnify the Provider & its contractors/staff, & officers, board & employees, joint & severally from any & all actions, causes of actions, claims & demands for, upon or by reason of any damage, loss or injury, which hereafter may be sustained by receiving Acupressure Therapy at Knotty No More.</p> <p>It is further understood & agreed that said participation in the Acupressure Therapy is not to be construed as an admission of any liability nor acceptance of assumption of responsibility by the Provider, its officers, board, & staff/contractors, jointly & severally, for all damages & expenses for which the Provider, its officers, board & employees, become liable as a result of any alleged act of the participant.</p>
Signature of Client	
PRINTED Name	
Date	_____/_____/_____

Please put an X on areas of pain.

