



**Body Kneads Massage**  
**Give the Body What it Kneads**

13955 W Preserve Blvd., Suite 200, Burnsville, MN 55337  
Phone: (952) 890-0804 | Fax: (952) 890-1095

## Body Kneads Massage Update Paperwork

### Client Information:

Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation \_\_\_\_\_

Referred By \_\_\_\_\_ Phone \_\_\_\_\_

Have you been in an auto accident? ☐ Yes ☐ No Date of Accident \_\_\_\_\_

Worker's Comp claim? ☐ Yes ☐ No Date of Incident \_\_\_\_\_

Are you interested in ☐ Physical Therapy? ☐ Chiropractic?

Are you Pregnant ☐ Yes ☐ No *If Yes, answer the following questions.*

How far along are you? \_\_\_\_\_ Weeks

Are you comfortable face down? ☐ Yes ☐ No

Are you high risk? ☐ Yes ☐ No

What are your massage or bodywork goals? \_\_\_\_\_

What kind of pressure do you prefer? ☐ Light ☐ Medium ☐ Firm ☐ Deep Tissue

Comments \_\_\_\_\_

Please list any changes in your medications and medical conditions: \_\_\_\_\_

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.

**If you answer “yes” to any of the following questions, please explain as clearly as possible below.**

- |   |   |
|---|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you frequently suffer from stress? Explain. | <input type="checkbox"/> Yes <input type="checkbox"/> No Are you sensitive to touch or pressure? Explain. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you bruise easily?                          | <input type="checkbox"/> Yes <input type="checkbox"/> No Do you suffer from epilepsy or seizures?         |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have diabetes?                          | <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had surgery? Explain below         |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Any broken bones in the past 2 years?          | <input type="checkbox"/> Yes <input type="checkbox"/> No Do you suffer from joint swelling? Explain.      |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you experience headaches? Explain.          | <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any contagious diseases?             |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Any injuries in the past 2 years?              | <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have varicose veins? Explain.             |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you suffer from arthritis? Explain.         | <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have osteoporosis?                        |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you suffer from back pain? Explain.         | <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any allergies? Explain.              |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Are you wearing contact lenses?                | <input type="checkbox"/> Yes <input type="checkbox"/> No Cardiac or circulatory issues? Explain.          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have numbness/stabbing pains? Explain.  | <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have warts, ringworm, or corns?           |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have high blood pressure?               |   |

Comments \_\_\_\_\_

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### **Scheduling and Cancellation Policy**

Body Kneads massage appreciates that you have chosen our facility for your massage and body work sessions. We strive to provide you with top notch care. We would like to communicate some guidelines and policies in order to provide you with an exceptional session.

**Body Kneads Massage asks that you respectfully give a 24-hour notice of cancellation. If you cancel your appointment with less than a 24-hour notice, you will be charged half of the regular fee. If you miss your entire appointment session without the proper cancellation procedure, you will be responsible for the customary fee for the session.**

We understand that issues occur. It helps us a great deal if you call and let us know if you will be arriving late. We will do our best to accommodate you. If you arrive late, you will be charged for the entire session and only be granted the remainder of that session if there is a scheduled appointment behind yours. In return, we will make sure that we are on time, and if for some reason we are not, we will give you the time back or adjust the price of the session.

Children are welcome to join you for your massage session if you are unable to find care for them. However, we strongly encourage you to find alternative care, if at all possible, as they are a distraction to both you and your therapist. If you need to bring a child or children along with you to your massage, they must accompany you into the massage room. Body Kneads is not liable for your children or possessions during a massage.

To ensure your desired appointment time we recommend that you make your appointments in advance. Please arrive five to ten minutes ahead of your scheduled appointment time. This will allow you to fill out any necessary paperwork, as well as give the therapist time to ask specific questions about any health issues or your specific body needs for that session. From the therapist's side, it gives them the full time to actually have their hands on your tissues, keeps our business on schedule, and respects the next clients scheduled therapy time.

Your appointment with Body Kneads Massage is reserved for you and we understand there are scheduling adjustments that are necessary. Please know that when you forget to cancel your appointment without proper notice, other practice members are not afforded the opportunity to fill those times and are forced to wait until the next available appointment time. We appreciate your understanding and patronage and look forward to serving you to the best of our ability and delivering the highest quality patient care available.

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### **Consent to Email or Text Usage for Appointment Reminders and Other Healthcare Communications**

Patients in our practice may be contacted via email and/or text messaging to remind you of an appointment, to obtain feedback on your experience with our healthcare team, and to provide general health reminders/information. If at any time I provide an email or text address at which I may be contacted, I consent to receiving appointment reminders and other healthcare communications/information at that email or text address from the Practice.

I consent to receive text messages from the practice at my cell phone and any number forwarded or transferred to that number or emails to receive communication as stated above. I understand that this request to receive emails and text messages will apply to all future appointment reminders/feedback/health information unless I request a change in writing. I authorize to receive text messages for appointment reminders, feedback, and general health reminders/information to the cell phone number indicated in Section C or currently on file.

I authorize to receive email/text messages for appointment reminders and general health reminders/feedback/information in the Patient Portal to the email address indicated in Section C or currently on file.

The practice does not charge for this service, but standard text messaging rates may apply as provided in your wireless plan (contact your carrier for pricing plans and details).

I understand that I have the ability to opt-out of such communications at any time by replying STOP. However, I acknowledge that doing so will no longer allow for me to receive text or email communications of any kind including appointment reminders.

I understand and to consent to all email and text communications outlined above.

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Signature of Client or Guardian

Date

