1402 Yorkshire Drive
Decatur, IN 46733
260-724-7700
www.youressentialkneads.com

Spa and Sauna Personal Data Information

Name: ________________________________ Date: ________________________________
Street Address: ________________________________ Day Phone: ________________________________
City/State/Zip: ________________________________ Evening Phone: ________________________________
Occupation/Employer: ________________________________ Alternate/Cell Phone: ________________________________
Birthday: ________________________________ Emergency Contact: ________________________________
Emergency Phone: ________________________________

Current Medications & Medical Conditions:

Massage Therapy

Have you ever received a massage before? Yes____ No____

It is my choice to receive massage therapy. I realize that the treatment is given for the well-being of my body and mind. This includes stress reduction, relief from muscular tension, spasm or pain, or for increasing circulation or energy flow. I agree to communicate with my practitioner any time I feel like my well-being is being compromised.

I understand that massage practitioners do not diagnose illness, disease, or any physical or mental disorder, nor do they prescribe medical treatment, pharmaceuticals, or perform spinal thrust manipulations. I acknowledge that massage is not a substitute for medical examination or diagnosis, and that it is recommended that I see a primary health provider for that service.

I have stated all medical conditions that I am aware of and will update the massage practitioner of any changes in my health status.

Signature: ________________________________ Date: ________________________________

Sauna Therapy

Have you ever received sauna therapy before? Yes____ No____

It is my choice to receive sauna therapy. I realize that the treatment being given is for the well-being of my body. This includes stress reduction, relief from muscular tension, joint pain, or for increasing circulation. Sauna therapy may increase body temperature. (Not recommended for women who are pregnant or for untreated high blood pressure). If you are currently taking any medications in question, check with your doctor before using suana therapy.
Signature: ________________________________ Date: ________________________________

ESSENTIAL KNEADS
Salon & Wellness Spa

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Ionic Footbath

Have you ever received Ionic Footbath before? Yes____ No____
It is my choice to receive Ionic Footbath. I realize that Ionic Footbath should not be used if I have: an organ transplant, Hemophilia, epilepsy, seizures, pregnancy, pacemaker or any implanted battery operated device. I will consult my physician or the Essential Kneads Therapists with any questions.
Signature: ________________________________ Date: ____________________________________