***Kneaded Massage***

Name: Phone:

Address: E-mail:

Date of Birth: Age: City/State:

What Type of pressure do you prefer?

What are your major concerns/complaints?

What are your goals with massage?

Do you have ANY health issues?

Are you allergic to any lotions/food/detergent/herbs?

**By signing here, I give permission to Shannah Loeffen (L.M.T.) to perform massage therapy to my body and will always let my therapist know when any accidents/injuries/health/ medication change within my life to assure that I am receiving the best therapy for me.**

(Please initial)

 If two(2) appointments are missed you will be asked to leave a Credit Card number the next time you book and will be charged if appointment is missed.

 Being over 15 minutes late to an appointment may cause a shorter session for the original price or a re-book may be necessary.