

A Kneaded Vacation Therapeutic Massage

Return Client Intake Form



NAME: _____

DATE: _____

1st Area of complaint: _____

Describe the Pain/Tension that you feel: Sharp Dull Constant Traveling

I feel the pain most often when I:

I feel best when:

Please rate the sensitivity/pain that you are currently feeling in this area...

Least Painful 1 2 3 4 5 6 7 8 9 10 Most Painful

2nd Area of complaint: _____

Describe the Pain/Tension that you feel: Sharp Dull Constant Traveling

I feel the pain most often when I:

I feel best when:

Please rate the sensitivity/pain that you are currently feeling in this area...

Least Painful 1 2 3 4 5 6 7 8 9 10 Most Painful

NOTES (for Therapist only):