



**Medissage  
Kamehameha Massage L.L.C  
346 Maine ~ Suite 160  
Lawrence, Ks 66044  
(785) 979-7094**



All information must be provided or services will not be provided.  
It is better that you provide more information rather than not enough.  
We take our industry seriously and ask the same of our clients.

Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Email \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Allergies \_\_\_\_\_

Emergency Contact and their relationship:  
 \_\_\_\_\_ Phone# \_\_\_\_\_

Were you referred by anyone? Y/N If so, what was their name? \_\_\_\_\_

How did you hear about Kamehameha Massage-Medissage? \_\_\_\_\_

Have you received massage previously? How was your experience?  
 \_\_\_\_\_

What specifically would you like to receive from your massage treatments?  
 \_\_\_\_\_

Would you like me to focus or stay away from any specific area?  
 \_\_\_\_\_

(Circle) Do you have a pressure preference: Light Medium Deep Tissue?

Health Information (please circle yes or no)

Smoker Y / N \* Pregnant Y / N \* Allergies Y / N \* Nausea Y / N  
 High/Low Blood Pressure Y / N \* Heart Condition Y / N \* Epilepsy Y / N  
 Varicose Veins Y / N \* Diabetes Y / N \* Cancer Y / N \* Seizures Y / N  
 Contagious Disease Y / N \* Headaches Y / N \* Dementia Y / N  
 Additional information \_\_\_\_\_

Are you currently suffering from any pain related to trauma? Y / N  
 If yes, please briefly explain. \_\_\_\_\_

Do you have a condition which might require doctor referral? Y / N

Do you have a referral from a doctor/ chiropractor to receive massage? Y / N  
 Name \_\_\_\_\_ Phone# \_\_\_\_\_

**\***Authorization to mail special offers and/or discount(s)? Y / N

I agree that information provided is true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by therapist \_\_\_\_\_ Date \_\_\_\_\_



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## Medical Wavier Form

\*\*Please read thoroughly and initial next to each statement

\_\_\_\_\_ I understand that therapeutic massage services provided by a massage therapist are for the purpose of stress reduction, relief from muscular tension and spasm, general relaxation and improvement of circulation and energy flow.

\_\_\_\_\_ I understand I will be allotted **three (3) minutes prior** to my session to undress and lie underneath the top sheet and blanket, and I will be allotted **three (3) minutes following** my session to dress, and any longer will be inconsiderate and inappropriate. Please keep in mind we have other clients who have also scheduled appointments and that you have been allotted a specific amount of time to receive services on behalf of the therapists/instructors at Medissage-Kamehameha Massage LLC

\_\_\_\_\_ I understand that a massage therapist does not diagnose illness, disease, or any other physical or mental disorder. The therapist does not prescribe medical treatment, pharmaceuticals, nor do they perform spinal manipulations. I understand that massage therapy is not a substitute for medical care.

\_\_\_\_\_ I have stated all of my known conditions on the “intake form.” I have consulted a physician or licensed medical health practitioner for these conditions.

\_\_\_\_\_ I realize it is solely my responsibility to keep the therapists/instructors of Medissage-Kamehameha Massage LLC updated on any changes in my physical health, I understand the therapists/instructors are not liable should I fail to do so.

\_\_\_\_\_ If at any time during the massage session I experience pain or discomfort of any kind, I agree to inform the massage therapist immediately and/or terminate the session at my discretion.

\_\_\_\_\_ I understand that all massage therapy is **strictly non-sexual**. If at any time during the massage session, I exhibit any inappropriate and/or sexual behavior toward the massage therapists/instructors, I understand the massage session will be **terminated** and I will owe the full amount due. **Authorities** will be contacted. Your massage therapist is here at lower rate for your stress reduction purposes. We are not masseuses’ we are trained massage therapists and or instructors.

\_\_\_\_\_ By signing this release, I hereby waive and release Medissage-Kamehameha Massage LLC and the massage therapists/instructors from any and all liability, past, present and future, relating to any of my massage, treatments described. In addition, I agree to indemnify and hold the therapists/instructors harmless from and against any and all claims, demands, fines, suits, actions, which may arise out of my utilization.

\* I have received and read the medical waiver and agree to the policies therein.

Client Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Authorized Therapist Signature \_\_\_\_\_ Date \_\_\_\_\_



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All clients must acknowledge these policies; stating they have been notified prior to receiving service(s).

**Returned check policy agreement**

Please make checks payable to

Medissage

In the event of a returned check, you will be charged for the services you received and a \$35.00 returned check fee will be posted to your account, and all returned check fees must be paid prior to any further treatment.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_  
Therapist signature \_\_\_\_\_ Date \_\_\_\_\_

**Agreement to discounted package expiration**

\* These packages are designed for those who wish to use our services frequently and we have discounted our services to those clients this agreement does not obligate you to purchase a package only acknowledging our companies expiration policy and non-refundable package policy.

By signing this agreement, I (print name) \_\_\_\_\_, agree to this Medissage policy and understand that my massage packages and/or services must be utilized within specified duration from the date of purchase and packages are not based on therapist availability

- Discounted services are available at any time through the purchase of massage packages
- At the end of the specified duration your package will expire;  
Any remaining services are non-transferable and/or non-refundable.
- I also understand if I do not call when I have scheduled an appointment.  
My scheduled appointment will be deducted from my package.
- All packages have been discounted based on frequency;  
All package service sales are final.
- Please be as considerate of our schedule as we are of your schedule.

Client signature \_\_\_\_\_ Date \_\_\_\_\_  
Therapist Signature \_\_\_\_\_ Date \_\_\_\_\_