

## INFORMED CONSENT

Please read the following. Check each box, sign and date at the bottom:

- I have stated all my known physical conditions, medical conditions, and medications, and I will keep the massage therapist updated on any changes.
- It is my choice to receive massage therapy/bodywork. I realize that the treatment I receive is for basic purpose of relaxation and/or relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and or strokes may be adjusted to my level of comfort. I have the right to end the session at any time.
- I understand that massage therapists do not diagnose injury, illness, disease, or any physical or emotional disorder, nor do they prescribe medical treatment, or perform spinal manipulations. I acknowledge that massage is not a substitute for medical examination or diagnoses, and that it is recommended that I see a primary health care provider for that service.

**If you have a specific medical condition or symptoms, receiving or performing massage may be contraindicated or require modification. A referral from your primary care provider may be requested prior to receiving massage.**

**DISCLAIMER: This business will not be held liable for any injury or condition that arises from application of massage despite completion of this form. The intake forms are intended as an assessment tool that is routinely used in the massage profession and serves as a guide for application of massage.**

## OFFICE POLICIES

### Cancellation & Tardiness

- A minimum 24 hour notice is required. Cancellations may be done online more than 24 hour prior to appointment. Within the 24 hours, cancellations must be done by phone message or email. No texting. Appointments canceled within 24 hours will be strictly subject to the following:

1<sup>st</sup> missed appointment for ANY reason, Zero charge. Life happens.

2<sup>nd</sup> missed appointment for ANY reason: 50% service fee by emailed invoice. Must be paid prior to next appointment.

3<sup>rd</sup> missed appointment for ANY reason, 100% full service fee by emailed invoice. Must be paid prior to next appointment. Future appointments will need to be pre-paid. Client termination may be on option.

- Email & text reminders are a courtesy. I am still responsible for the appointment if a reminder notification was not received. Please call to confirm the appointment if a reminder was not received.
- My appointment time was specifically reserved for me. If late, the service may be shortened or denied at the office's discretion. I will be responsible for the full amount of the massage that was scheduled.
- I understand that this is strictly a professional massage and ANY illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session. Immediate removal from the premises is required. I will be billed and liable for full payment of the scheduled appointment. I acknowledge that future appointments will no longer be accepted and documentation will be recorded and filed.

Print name: \_\_\_\_\_

Client Signature \_\_\_\_\_ Date: \_\_\_\_\_

Consent to Treatment of Minor: Signature of Parent/Guardian \_\_\_\_\_



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