

client agreement & health release form

Client Agreement

It is my choice to receive massage therapy. I am aware of the benefits and risks of massage and give my consent for massage. I understand that there is no implied or stated guarantee of success or effectiveness of individual techniques or series of appointments. I acknowledge that massage therapy is not a substitute for medical care, medical examination or diagnosis. I have stated all medical conditions that I am aware of and will inform my practitioner of any changes in my health status.

Signature

Date

Payment & Cancellation Policy

I am responsible for all charges for services provided. Payment is expected in full at the time of services unless other arrangements have been made before the initial office visit. Please contact the office 24 hours in advanced if you need to cancel or reschedule your appointment. Otherwise, please be responsible for the full payment of the missed appointment.

Signature

Date

Signature of parent or legal guardian (if client if a minor)

Contract For Care

I will participate fully as a member of my healthcare team. I will make sound choices regarding my sessions' plan based upon the information provided by my massage therapist. I agree to participate in my own self-care programs and adhere to the plan we select. I agree to communicate with my practitioner any time I feel my well-being is being compromised. I expect my practitioner to provide safe and effective treatment to the best of his or her skills and knowledge.

Signature

Date

Signature of parent or legal guardian (if client if a minor)