

Hands of silk

Massage Therapy Informed Consent

I, _____, (client) understand that massage is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, improve circulation and offer a positive experience of touch.

The general benefits of massage, possible massage contraindications and the treatment procedure have been explained to me. I understand that massage therapy is not a substitute for medical treatment or medications, and that it is recommended that I concurrently work with my Primary Caregiver for any condition I may have. I am aware that the massage therapist does not diagnose illness or disease, does not prescribe medications, and that spinal manipulations are not part of massage therapy.

I have informed the massage therapist of all my known physical conditions, medical conditions and medications, and I will keep the massage therapist updated on any changes.

Client Signature _____ Date _____

Policies:

Cancellations:

Your business is valued and your cooperation is appreciated. We are making a commitment to you to guarantee your appointment time and refusing all other requests once you have made the appointment.

- ❖ A 24-hour cancellation notice is required for any scheduled appointments including gift certificate sessions.
- ❖ Missed or no-show appointments will result in your being charged the full amount of the session booked unless the appointment can be filled.
- ❖ Depending on our booking schedule, late appointments may not receive the full session time allotted for the treatment service booked: Full payment is required.

I have read and I agree to this cancellation policy.

Client Name – Print Clearly _____

Client Signature _____ Date _____