



- Yes  No Have you ever received a professional massage before?
- Yes  No Are you presently under the care of any medical practitioner?
- Yes  No Do you have any allergies? (nuts, oils, lotions, herbs, etc.) If yes, explain: \_\_\_\_\_
- 
- Yes  No Are you currently taking any medications? (Including over-the-counter, herbs, vitamins, etc.)  
If yes, please list all: \_\_\_\_\_
- 

Emergency Contact name & phone number(s): \_\_\_\_\_

*Policies & Procedures Statements:*

If I experience pain or discomfort during any session I will immediately inform my therapist so that pressure/strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after any treatment.

Services provided are for stress reduction, relief from muscular tension or spasm, or for increasing circulation, and/or overall wellbeing. I understand that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness, and nothing done or said should be construed as such. I will consult a qualified medical specialist for any mental or physical ailment.

I understand that treatment will not be given if I am under the influence of drugs or alcohol and it is my responsibility to inform my therapist of any drug or alcohol use prior to each treatment.

I understand that massage is entirely therapeutic and non-sexual in nature. Most treatments are received while unclothed but covered with, at minimum, a top sheet and usually blankets also. If at any time I feel uncomfortable I will speak my concern to my therapist. Furthermore, I understand I have the option of wearing undergarments, a swimsuit or remain fully clothed for any session. I also understand that if I make any comments or gestures in a sexual nature my session will be terminated immediately and I will not be allowed to return for future treatments.

Should I cancel an appointment less than 24 hours before the scheduled time or "no show" an appointment, I am subject to a fee equal to the cost of the missed appointment. If the appointment was booked under a gift certificate it will be voided in lieu of the fee. (Exceptions for emergencies will be at the therapists discretion. Work will not be considered an emergency.)

Sessions begin and end at scheduled times. I understand if I arrive late, treatment time will be shortened and will end at the pre-scheduled time. I will still be held responsible to pay full price for the session.

Payment is expected at the time service is rendered. Gratuities are left to the discretion of the client. Acceptable payment methods are cash, check, and all major credit cards.

A \$40.00 charge will be applied to your balance for any returned check. If a balance is owed, treatment will not be given until the balance is paid in full.

I understand treatment cannot be given without a complete and signed Client Intake, Policies and Procedures Form.

By signing below I agree that I not only have read and agree to all the terms of the Client Policies & Procedures Statements listed, I also affirm that I have stated all known medical conditions and answered all questions honestly throughout this form. I agree to keep my therapist updated as to any changes in my medical profile prior to each treatment and understand that there shall be no liability on therapists' part should I fail to do so.

\_\_\_\_\_  
(Client Name-Signature)

\_\_\_\_\_  
(Client Name-Print)

\_\_\_\_\_  
(Date)