

Cypris Bodywork & Wellness

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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_____

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_____

Cancellation Policy

I acknowledge that a 24 hour notice is required for the cancellation of appointments. I agree to be charged half of my visit cost if I cancel 4-24 hours before a scheduled appointment. I agree to be charged the full visit cost if I miss a scheduled appointment or cancel a scheduled appointment less than 4 hours before I am scheduled.

Signature_____ Date_____