

policies and client agreement form

date

Client Information

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

name:	date of Birth:	
cell:	home phone:	work phone:
about massage and yo	ur private session	
Professional massage therapy management, pain manageme	has many health benefits which include, but	not limited to, relaxation, stress reduction and n help you sleep better, be more alert, improve
	ge. Should anything feel uncomfortable or is p	n you and your massage therapist is essential for a painful, please let your therapist know so
Your session is private and and cases, it may be necessary to d	y medical information discussed during the se	ession or on the intake form is confidential. In some er healthcare provider. In these cases, your therapist se form signed prior to any such discussions.
policies		
 Cancellations – A 24-hour therapist to open that tim 		ally scheduled massage session. This will allow the
 Tardiness – Your massage 	therapist has specifically set aside time for y	rou. If you are late, will session will still end at the time. You will be responsible for full payment of the
 Missed Appointments: If y made prior to any future 		e for full payment of the session. Payment must be
 Method of Payment: Payr 	• •	Cash, check, Visa/MC/American Express accepted. A
	ing is the responsibility of the Client.	
 Personal Hygiene & Dress session. Dress is loose cor 		se always shower/bath prior to your scheduled
	ealth conditions are contraindicated for mass massage. In some cases, a signed release by y	sage, we may ask to speak to your healthcare your doctor may be required.
client agreement		
understand that there is no im appointments. I acknowledge have stated all medical conditi responsible for all charges for	plied or stated guarantee of success of effect that massage therapy is not a substitute for n ons that I am aware of and will inform my pra	risks of massage and give my consent for massage. I tiveness of individual techniques or series of medical care, medical examination or diagnosis. I actitioner of any changes in my health status. I am herican massage therapy association® has provided
signature		date