



Session policies:

*I understand that Massage, Craniosacral, Somatic, Reiki, Polarity, Pranic Healing, Foot Zoning, Sound & Vibration is provided for stress reduction, relaxation, muscular tension relief, improvement of circulation and energy flow.

*I hereby state that, to the best of my knowledge, my answers to all intake questions are correct and I have informed the therapist/practitioner of all medical conditions, injuries and allergies. I will update the therapist/practitioner of any changes in my medical history or medications.

*I agree and consent to assessment and treatment.

*I understand that my personal health information will be collected to plan for appropriate treatment sessions.

*I understand that all information that I provide will be kept confidential unless required by law.

*I understand that my medical information may be shared to various care providers involved in my care and treatment, only after I request & consent to it.

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

*I understand that the services offered today are not a substitute for medical care. I understand that my therapist/practitioner is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness. Please note: your practitioner may have a Nursing license, but I understand that she is not working as a Nurse in this practice.

*I understand that Massage, Craniosacral, Somatic, Reiki, Polarity, Pranic Healing, Foot Zoning, Sound & Vibration is entirely therapeutic and non-sexual in nature.

*By signing this, I understand I waive and release my therapist/practitioner from any and all liability.

Appointment/cancellation policies:

*I understand that a 24hrs notice of cancellation is appreciated, if possible.

*A cancellation less than 12hrs will be charged for the entire scheduled session.

*A "no show" will be charged for the entire scheduled session.

*Please reschedule if you are sick. You will not be charged for this session.

*If you arrive late, your session may be shortened in order to accommodate others whose appointments follow yours. Depending upon how late you arrive, your therapist/practitioner will then determine if there is enough time remaining to start a treatment.

*By signing this, I acknowledge that I have read and understand the policies above.

Name & Signature

Date