CLIENT POLICIES AGREEMENT

I understand that it is not within the scope of practice of a Massage Therapist to diagnose

illness, disease or any physical or mental disorder; prescribe medical treatment or

pharmaceutical; nor perform spinal manipulations.

It is clear to me that this Massage Therapy is not a substitute for medical examinations, and/or

diagnosis and that it is recommended that I see a physician for any physical ailment.

All of the information given on my intake form and/or oncology intake form is correct and up

to date. I take it upon myself to update my health status during subsequent visits.

I realize that twenty-four (24) hours notice is required for cancellation of an appointment.

Otherwise, I will be responsible for the fee of the late cancellation. $50

I understand that massage therapy is a very safe and therapeutic form of touch. The focus and

intent of this work is on the wellness of the body. This includes alleviating stress and tension;

which names just a couple of the benefits of massage.

I understand that this massage is strictly non-sexual.

Client Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Massage Therapist Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_