

# Policy Notification

MKT 4442 2014  
YD 10/15/15 10:12:10 AM

We appreciate that you've chosen us for your massage and bodywork needs. To provide the best service possible to our clients we have implemented the following policies.

## Cancellation Policy

We respectfully ask that you provide us with a 24-hour notice of any schedule changes or cancellation requests. Please understand that when you cancel or miss your appointment without providing a 24-hour notice we are often unable to fill that appointment time. This is an inconvenience to your therapist and also means our other clients miss the chance to receive services they need. For this reason, you will be charged 50% of the service fee for the first missed session and 100% of the service fee for each session after that. We also reserve the right to require a credit card number to be given to book future appointments so that appropriate fees may be charged if a late cancellation does occur.

We understand that emergencies can arise, and illnesses do occur at inopportune times. If you have a fever, a known infection, or have experienced vomiting or diarrhea within 24 hours prior to your appointment time, we request that you cancel your session. Inclement weather may also result in the need for late cancellations. We will do our best to give advanced notice if we are closing or need to cancel due to bad weather and we ask you to do the same. Please do not risk your own safety trying to make your appointment. Late cancellation due to emergency, illness, or inclement weather will generally not result in any missed session charges, but this is determined on a case-by-case basis.

## Late Arrival Policy

We request that you arrive 5-10 minutes prior to your appointment time to allow time to fill out any required paperwork as well as answer any intake questions your therapist may have. We understand that issues can arise that may cause you to be late for your appointment. However, we ask that you call to inform us if this ever occurs so we can do our best to accommodate you. Appointment times are reserved for each client, so oftentimes we cannot exceed that reserved time without making the next client late. For this reason, arriving after your appointment time may result in loss of time from your massage so that your session ends at the scheduled time.

# Policy Notification

Full-service fees will be charged even when sessions are shortened due to late arrival. In return we will do our best to be on time, and if we are unable to do so we will add time to your session to make up for our late arrival or adjust the service charge accordingly.

## Inappropriate Behavior Policy

Massage therapy is for relaxation and therapeutic purposes only. There is absolutely no sexual component to massage whatsoever. Any insinuation, joke, gesture, conversation, or request otherwise will result in immediate termination of your session and a refusal of any and all services in the future. You will be charged the full-service fee regardless of the length of your session. Depending on the behavior exhibited we may also file a report with the local authorities if necessary. Treat your therapist with respect and dignity and you will be treated the same in return.

By signing below, you agree to abide by these policies.

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

\_\_\_\_\_ Date

## General Liability Release Form



By signing below, you agree to the following:

- 1) I give my permission to receive massage therapy.
- 2) I understand that therapeutic massage is not a substitute for traditional medical treatment or medications.
- 3) I understand that the massage therapist does not diagnose illnesses or injuries or prescribe medications.
- 4) I have clearance from my physician to receive massage therapy.
- 5) I understand the risks associated with massage therapy include but are not limited to:
  - Superficial bruising
  - Short-term muscle soreness
  - Exacerbation of undiscovered injury

I therefore release the company and the individual massage therapist from all liability concerning these injuries that may occur during the massage session.

6) I understand the importance of informing my massage therapist of all medical conditions and medications I am taking, and to let the massage therapist know about any changes to these. I understand that there may be additional risks based on my physical condition.

7) I understand that it is my responsibility to inform my massage therapist of any discomfort I may feel during the massage session so he/she may adjust accordingly.

8) I understand that I or the massage therapist may terminate the session at any time.

9) I have been given a chance to ask questions about the massage therapy session and my questions have been answered.

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

# Massage Intake Form



## Personal Information

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Occupation \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

How Did You Hear About Us?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Medical Information

Are you taking any medications?

- Yes \_\_\_\_\_
- No

Are you currently pregnant?

- Yes, How far along? Risk factors?  
\_\_\_\_\_  
\_\_\_\_\_
- No

# Massage Intake Form



Do you suffer from chronic pain?

Yes

What makes it better?

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What makes it worse?

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No

Have you had any orthopedic injuries?

Yes

Please List

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No



# Massage Intake Form



Please indicate if any of the following apply to you.

## Musculo-skeletal

- Bone or joint disease
- Tendonitis
- Bursitis
- Broken/fractured bones
- Arthritis
- Sprains/Strains
- Low Back, Hip, Leg Pain
- Neck, Shoulder, Arm Pain
- Headaches
- Head Injuries
- Spasms/Cramps
- Jaw pain/TMJ
- Lupus

## Circulatory

- Heart Condition
- Varicose Veins

## Autoimmune Diseases

Other Conditions

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- Blood Clots
- High Blood Pressure
- Low Blood Pressure
- Lymphedema
- Breathing difficulty
- Sinus Problems

## Skin

- Rashes
- Athletes Foot
- Warts

## Digestive

- Constipation
- Gas/Bloating
- Diverticulitis
- Irritable Bowel Syndrome (IBS)

## Nervous System

- Herpes/Shingles
- Numbness/Tingling
- Chronic Pain

- Fatigue
- Sleep Disorders

## Reproductive

- Pregnant
- PMS
- Infectious

## Diseases

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## Other

- Cancer/Tumors
- Diabetes
- Eating Disorders
- Depression
- Drug/Alcohol/Caffeine Addiction
- Thyroid Issues

# Massage Intake Form



Explain any condition marked above.

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



# Check-in Form



## Your Visit Today

Remember check the board for today's carrier oils and other product options and feel free to peruse the info book to learn about the benefits of each.

1. What are you looking to achieve with your massage today, (ie. To relax, pain relief, etc.).

2. What of music strikes your fancy today?

Contemporary

Classical

Meditation

Easy Pop

Smooth Jazz

Spa

New Age

Instrumental Chill

Other

Just Beats

Apocalyptica

Nature Sounds

World Music

Native American Flute

Music (David and Steve

Gordon)

3. Talkative Level?

Gab Away

Moderate, mostly looking to relax, but ok with some talking

Quiet, I just want to use this time to relax and maybe sleep.

4. Based on availability. Are you wanting a massage with any special carrier or essential oils? Or more information on any?



# Check-in Form



5. Are you in any pain or discomfort?

Yes

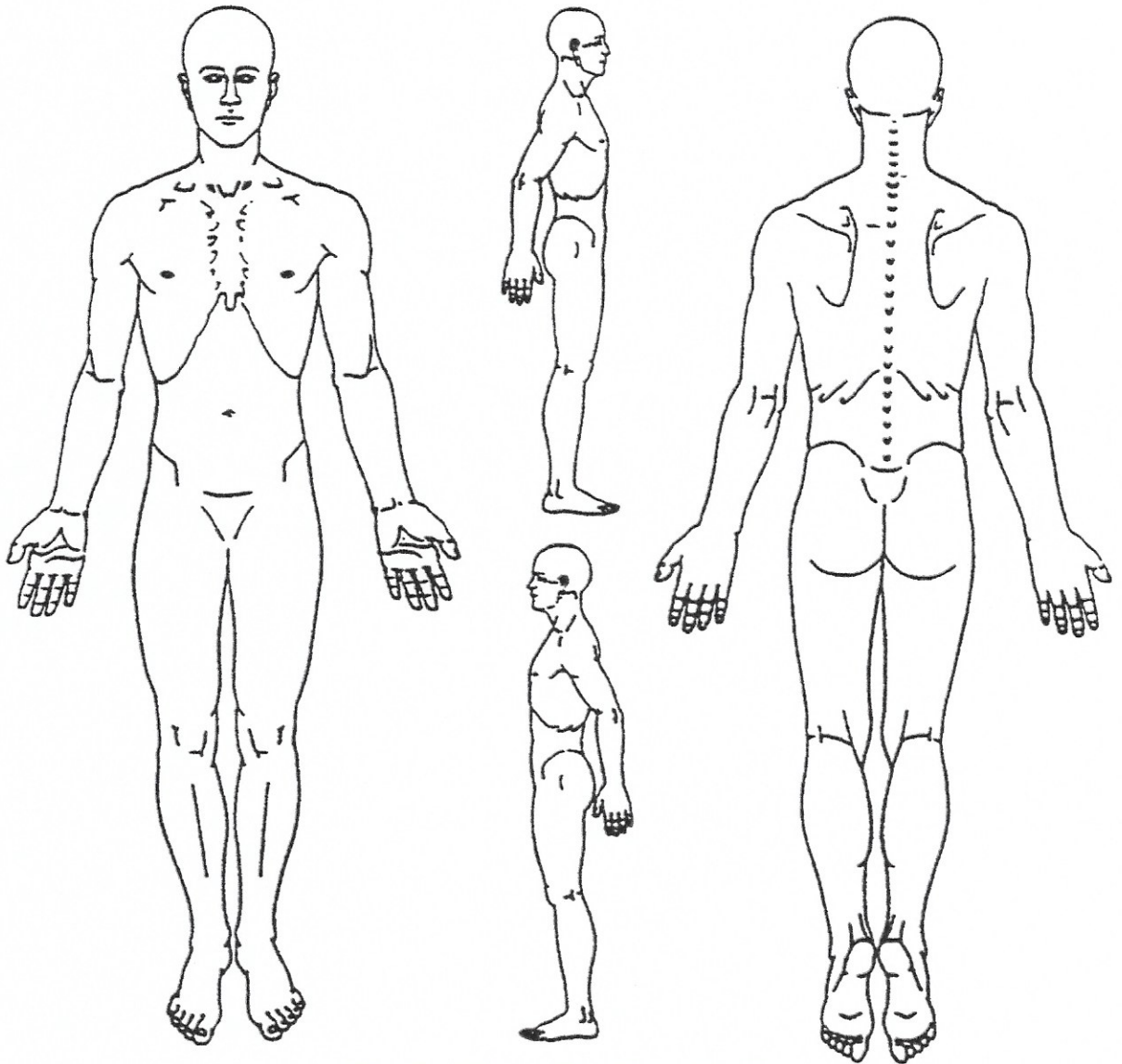
No

If yes describe pain here

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6. Show where pain and discomfort are found on the picture.



# Check-in Form



7. What would you like worked on today? (ie. Back and neck, full body, etc.)

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8. Is there anything that you would like your therapist to spend extra attention on?

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9. Are there any areas of your body you don't want worked on?

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

