

SKP Massage-Client Agreement-Please read, initial and date each policy then sign and date at the bottom.



Int: _____ / _____ / _____ Informed Consent and Notice of Massage Policies

I understand that the massage I will be receiving here is for the purpose of stress reduction, relief from muscular tension or relief from muscular spasm. I understand the massage therapist does not diagnose illness, disease, or any further physical or mental disorders. As such, the massage therapist does not prescribe medical treatment or pharmaceuticals, nor do they perform spinal manipulations. I understand that massage is not a substitute for medical treatment, chiropractic treatments or diagnoses and that it is recommended that I see a physician for any physical ailments that I may have. I acknowledge that the information I have provided on my medical intake form is correct and current to the best of my knowledge. I understand that it is my responsibility to inform the massage therapist of any changes to this information. I understand that if I experience any unusual discomfort and/or pain during my massage sessions, it is my responsibility to inform the massage therapist so that they can adjust the pressure technique being used. I understand that cupping therapy can or will leave bruising for up to a week. I understand my feedback on pressure, warmth and anything that I do not like during the massage is essential in order for the massage therapist to help make my time here as rewarding as possible. I also understand that SKP Massage requires proper draping to be used at all times during massage. The therapist reserves the right to stop the massage at any time they feel the massage is not being portrayed in a therapeutic way. If the therapist has to stop massage for improper conduct you will still be charged for the full session you were scheduled.

Int: _____ / _____ / _____ Liability Policy

I have completed the health intake form (s) to the best of my knowledge. I understand that bodywork is a health aid and does not take the place of a physician's care. Any information exchanged during a massage or bodywork session is confidential and is only used to provide you with the best wellness services. I know that massage/bodywork can be harmful in some circumstances; I fully assume responsibility, for myself, for receipt of massage therapy, and I release and discharge SKP massage and the therapist, from any and all claims, liabilities, damages, and/or actions from therapy received. I fully and fairly answered these questions and described my health and will tell the practitioner of any changes.

Int: _____ / _____ / _____ Post Massage Instructions

For your well-being and to maximize the benefits of your massage therapy session, it is important to follow these post massage instructions. Please increase your water consumption, following 24 hours after massage to help reduce soreness or achiness. Water also helps to replace fluids lost during a massage session, flushes out cellular waste that is released from the tissues into the blood, help to delude cellular waste, as well as, to speed up the elimination of cellular waste, helps to avoid dehydration, dizziness and possible nausea. Coffee, pop and alcohol do not count as water. It is also beneficial to stretch in between massage sessions to promote progressive improvement of conditions.

Int: _____ / _____ / _____ Medical Massage Policy:

To qualify as a medical massage, the client must have a current prescription with diagnosis on file of medical necessity from a licensed physician. Sales tax in Lucas county is 7.75% and must be added to all non-medical therapy sessions, per state sales tax law.

Int: _____ / _____ / _____ Medical Communication Policy:

I give consent to SKP Massage and all its employees, permission to communicate on my behalf with my diagnosing provider. SKP Massage may ask questions concerning my diagnosis, script/referral, treatment, etc.

Int: _____ / _____ / _____ Cancellation & Tardiness Policy:

If I am not able to make a scheduled appointment, I agree to cancel the appointment in advance to avoid cancellation fees.

SKP Massage is committed to providing all our clients with exceptional care. When a client cancels without giving enough notice, they prevent another client from being seen.

SKP Massage does take illness and emergencies into consideration for late cancel and missed appointments, at our discretion. Please call us at 567.246.8063 by 4:00pm on the day prior to notify us of any changes or cancellations. To cancel a Monday appointment, please call our office by 4:00 pm on the Saturday prior, as our office is closed on Sundays. Please use this same consideration for cancelling around the holidays when our office may be closed. For same day cancellations, the client will be charged 40% of the original appointment charge. If prior notification is **not** given, resulting in a "no call-no show," the client will be charged the full session amount, for the missed appointment. This charge will be billed to your account and you will need to have that charge paid in full before your next appointment. We will send you an invoice via email and USPS to notify you, as well as a phone call. As for tardiness, if a client is over 10 minutes late for their scheduled session, the length of the session will be shortened accordingly. If a client shows up at the half-way point of their session or beyond, that appointment will need to be rescheduled. The client will still be charged the full amount of the scheduled session in any instance that they are tardy.

I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE POLICIES,

Printed Name : _____ Signature : _____ Date: _____