



“WHERE EVERYONE IS TREATED LIKE A **PRO!**”

## MASSAGE THERAPY CONSENT FORM

In keeping with the Health Care Consent Act (1996), it is my choice to receive massage therapy. I understand that an assessment by a therapist is required to determine the best course of treatment. I am aware that all information provided is private and confidential and will not be released without my written consent. I agree to communicate with my massage therapist at any time if I have questions, if I feel uncomfortable, or if I feel my well being is being compromised. I will consent to the massage therapist working only on those areas of my body that I am comfortable with. I am aware that I may remove only the clothing with which I am comfortable and may terminate the treatment at any time at my discretion. I understand and am aware of the posted fees and cancellation policy. I am also aware of the possible side effects from a massage treatment such as temporary muscular discomfort (24-48 hrs post treatment), bruising and possible dizziness. I understand the therapist will recommend remedial exercises and home care. I am aware that the clinic is not responsible for any lost, stolen or damaged articles.

### FEE SCHEDULE

|                           |               |
|---------------------------|---------------|
| 90 Minute Massage Therapy | ~~~~~\$110.00 |
| 60 Minute Massage Therapy | ~~~~~\$80.00  |
| 45 Minute Massage Therapy | ~~~~~\$70.00  |
| 30 Minute Massage Therapy | ~~~~~\$50.00  |

### CANCELLATION POLICY

Please remember that your appointment time is reserved especially for you. In order that your appointments remain available to all clients, 24 hour notice is required for changes or cancellations. The amount of the full fee may be charged in the event of late cancellations or missed appointments. Thank you in advance for your co-operation.

\_\_\_\_\_  
Patient Signature (Legal Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Revision of original Health History)

\_\_\_\_\_  
Date