Massage Therapy Practice Policies & Client Informed Consent

Thassage Therapy Tractice Folicies & Cheffe Informed Consent
I,
Cancellation and re-scheduling In consideration of our clients and the massage therapist, you must give a 24 hour notice to reschedule or cancel the appointment prior to the appointment time. If change in the appointment time is not appropriately given, the client may be charged the full fee. No-shows will be treated as cancellation without notice and the full fee will be charged. 2 no-shows will disqualify the client for future bookings and/or referrals.
Knots Kneading Massage will begin all massage sessions on time. If the therapist is late, the session will be discounted according to the time missed. I understand that if I arrive late for my appointment, the remaining time of the appointment will be utilized to provide the best massage/bodywork possible and the full fee will be charged.
 Massage therapy involves the use of touch, and may at times include the use of oils, lotions, or creams. Coming to your massage therapy session with a clean body is imperative for the health and safety of both the client and massage therapist. Personal hygiene is mutually respected on both the part of the client and the massage therapist. Should either part fail to uphold their hygiene responsibilities, services for that session will be postponed. I understand that a single massage session or massage on a random basis is limited to providing general, nonspecific benefits. If I choose to use massage on regular basis, I will participate in a detailed history and assessment process, working with the massage therapist to determine the most effective treatment plan to help me achieve my goals. I understand that reassessment may be needed to ultimately achieve my goals. Alcohol/drugs and massage DO NOT MIX. Massage therapist and client both will refrain from alcohol and/or drug use for at least 12 hours prior to the massage session. If you are taking or have taken prescription drugs for pain management or anti-inflammatory purposes in the past 12 hours, please notify the massage therapist prior to the sessions beginning for re-scheduling. Clients may undress to their comfort level. Removal of bra is optional for female clients. All clients will be covered and draped with clean linens at all times. Only the area being worked on will be undraped. Clients 18 years or younger must be accompanied by and have the consent of a parent or guardian. Any client can request a friend or relative to accompany them in the massage session if this will help the client feel more comfortable; and provided the person accompanying does not disrupt the session or behave in any inappropriate manner. Knots Kneading Massage is a professional massage therapy practice, and as such, follows a strict code of ethics. Confidentiality of our clients and sessions will be honored with one noted ex
Massage therapy in general can provide the benefits of enhanced relaxation, stress reduction, reduced pain from muscular tension and spasm, improved circulation and increased range of motion. I understand that massage therapists are not licensed to practice medicine and therefore do not diagnose illness or disease; perform spinal manipulations; or prescribe medical treatments. I am aware that massage therapy is not a substitute for medical treatment, medication or diagnosis for any health condition I may have. It is recommended that I pursue appropriate health management for condition I may have.
General benefits of massage, any cautions or contraindications have been explained to me. Due to certain contraindications and cautions for massage, the practitioner must be made aware of existing physical and mental conditions. I have informed the massage therapist of all my known physical and medical conditions, and medications. I understand that it is my responsibility to keep the massage therapist updated on any changes in my health status and agree to do so each time I receive massage.
I have read the above policies of Knots Kneading Massage, understand them, and agree to abide by them.

Client Signature _____ Date _____

Therapist Signature _____ Date _____