

Client Informed Consent Form

Informed Consent means that you understand the nature of the treatment and the benefits and risks of the treatment. If you have any questions regarding your massage treatment, please do not hesitate to ask.

Please indicate any specific areas NOT to be treated: _____

It is my choice to receive massage therapy and I understand that:

___ I can communicate with the therapist at any time regarding my sensations and well-being.

___ I may terminate the treatment at any time during the massage at my discretion.

___ I may experience possible side effects from the massage treatment such as physical, mental or emotional sensitivity including muscular discomfort up to 24 hours post treatment.

___ Claire has studied Manual Osteopathy Techniques and incorporates these into the massage therapy treatment to further assist the normalization of my body tissues.

___ If my health status changes I will notify the therapist of these changes.

___ I will remove only the clothing which makes me feel comfortable.

___ I have read 'Your Health Information and Your Privacy' and understand it.

___ I am aware of the current *fee schedule* and the *policy for missed and cancelled appointments*.

Signed

Date

Cancellation and Missed Appointments

12 hours notice required to reschedule/cancel your massage appointment, otherwise \$40 fee applies.

Fee Schedule: (HST Included)

30 min. \$60 60 min. \$100 90 min. \$145