

Agreement between Metamorphic Massage and massage client

I understand that massage therapy given at Metamorphic Massage is for the purpose of transforming injuries into wellness, relief from muscular tension or spasm, increasing circulation and energy flow, stress reduction, relaxation.

I also understand that the massage practitioner does not diagnose illness, disease, or any other physical or mental disorders. Massage practitioners do not prescribe medical treatment or pharmaceuticals, nor do they perform spinal manipulations.

It has been made clear to me that massage is not a substitute for medical examination or diagnosis and that it is recommended that I see a physician for any physical ailments that I might have. I have stated all my known medical conditions and take it upon myself to keep the massage practitioner updated on my physical health.

I authorize the release to my massage therapist of medical/clinical information necessary for therapeutic massage therapy and for permission to discuss my condition with other health care practitioners that serve me. I authorize the release to insurance companies (if applicable) of my massage treatment information and chart notes. _____ (initials)

I understand that I am responsible for all charges incurred while under the massage practitioner's care.

I understand there is a 24 hour cancellation policy. If I cancel in less than 24 hours, or not at all, I agree to pay the full cost of my treatment time. If I arrive late for an appointment, I will pay for the full appointment time but expect to receive treatment only for the remaining portion of time.

Client signature

Date