

WELCOME!

We are pleased that you have chosen Effective Chiropractic Health & Wellness Center for your therapeutic needs. Effective Chiropractic Health & Wellness Center is dedicated to working with individuals who are committed to improving their physical, mental, & emotional well-being. We are also committed to providing you with a place where you can find peace and refuge from the stressors of the world while promoting your health. My goal as your licensed massage therapist is to work within my scope of practice to address your needs and to have you leave every session with a renewed sense of health and well-being.

Since this is your first time working with me, I have included some information and office policies to help you get the most out of our experience at Effective Chiropractic Health & Wellness Center. Please read carefully and initial the places indicated.*

*You may receive therapeutic massage from other therapist at our office during your visits, however this agreement would apply to any therapist you work with.

YOUR FIRST SESSION - *For your first massage session will include a fifteen minute consultation. During that time, we will discuss your health intake form, goals for our work together and any questions you may have concerning massage. I will then leave the therapy room so you can disrobe in privacy. I will knock before re-entering and then the session will begin. I will ask you for feedback on pressure and comfort throughout the session, however I will not initiate conversation that does not pertain to the session. When the massage has ended, I will leave the room again so you can gather yourself and get dressed. We will meet following the massage to discuss the session and a future treatment plan if necessary. Please Initial Here _____*

HEALTH INFORMATION - *You are expected to communicate all current and past health conditions prior to receiving a massage. This is for your own safety. You are expected to communicate any change in health, medications taken, or lifestyle alterations since the last appointment. There are certain conditions that are contraindicated for massage, meaning massage is not recommended. Some of these contraindications include fever, infection, contagious illness, recent surgery, cancer (unless approved by a medical doctor), open wounds, etc. For this reason, it is important to disclose all health information when completing your health intake form. Please Initial Here _____*

PATIENT PARTICIPATION - *This is your time, so please speak up if you have any requests or concerns about the session. I am more than happy to satisfy your requests as long as the request remains within my scope of practice. Please let me know if I need to adjust my pressure or massage techniques to better benefit you. If there is a part of your body that you want me to spend more time working or a part of the body that you want me to avoid then please let me know. With that being said, massage is offered for therapeutic purposes only and is non-sexual. Any sexually explicit behavior will result in the immediate termination of the session and no refund will be given. Please Initial Here _____*

DRAPING - *I am trained to provide a fully draped, full body massage; as a patient, you have the option of disrobing completely or to your comfort level. During the session, your body will be securely draped except for the part of the body that I am working on. Please Initial Here _____*

HYGIENE - *I will always arrive clean for your massage. Therefore, I ask that you are clean upon arrival for your session and free of heavy perfumes, odors and cigarette smoke. For my own health and the health of my other patients, I ask that if you suspect you have an infectious or contagious illness, please consult with your physician and reschedule your appointment when you are well. In this situation, I will not bill you for less than 24 hours notice if you provide a letter from your physician within 14 days. Please Initial Here _____*

TARDINESS, CANCELLATION & NO SHOW'S - *Please arrive 10 – 15 minutes prior to your appointment time to allow yourself time to use the restroom and to relax prior to your session starting. If you are late for your massage appointment you will be provided as much time as available within the scheduled time slot. You will, however, still be charged the full amount for your scheduled session.*

A MINIMUM OF 24 HOURS NOTICE IS REQUIRED! *If the patient gives less than 24 hours notice for a cancellation, there will be a 40.00 charge for the missed appointment. This charge will be processed with your credit card on file. No Shows will be billed for the entire amount of the massage. Emergency situations will be determined at the Office Manager's discretion. In the event I have to cancel your appointment with less-than-24 hours notice, you will be given a 50% discount on your next appointment. Please Initial Here _____*

INTOXICATION - Please do not arrive for your massage under the influence of alcohol or any substances other than prescribed medications. If I suspect that you are intoxicated, I will exercise my right to terminate the session immediately and you will be charged in full for your session. Please Initial Here _____

PAYMENT - Payment is expected in full at the time of your service. We accept Cash, Visa, MasterCard, Discover, & Personal Checks. Returned Checks will incur an additional \$25 fee to cover bank fees. We will submit any necessary insurance forms if your insurance covers massage therapy when performed by a LMT. If your insurance doesn't cover the massage, we will be happy to print a "super bill" so you can submit to your flex-spending or Health Savings Account. Please Initial Here _____

OILS, LOTIONS & AROMATHERAPY - Oils and lotions are necessary for some forms of massage therapy. Please communicate any and all allergies and sensitivities prior to the start of your session.

Aromatherapy is practiced in our office. Please inform us if you are sensitive to scents. Unfortunately, it is impossible to guarantee a scent-free environment because the scents of the essential oils will linger. However we will make sure not to use any scented products during your session. Please Initial Here _____

CELL PHONES - So you receive the most out of your massage, please silence or turn off your cell phone. Please Initial Here _____

TREATMENT OF A MINOR - Any patient under 18 years of age is required (a) to have a parent or legal guardian present in the room for the duration of the massage and (b) to have a parent or legal guardian provide all patient health information. Please Initial Here _____

CHILDREN - Our office is not set-up to accommodate children in the massage room while an accompanying adult is being massaged. Please make sure to make prior childcare arrangements. Please Initial Here _____

RATES - Rates may change. A notice will be posted in this office 30 days in advance of any rate adjustment. Please Initial Here _____

Signing below indicated that you have read, understand, and agree to the policies above.

Print Name: _____ Signature: _____ Date _____