

Office Use _____

Sutton Chiropractic and Massage


2019 Massage Information & Policies

Please **read and initial** the following statements.

_____ A **no show fee of \$42 may be charged** if I miss my appointment, am more than 20 minutes late, or cancel less than 4 hours prior to my appointment.

_____ If I am late to my massage I may receive a shorter massage or be asked to reschedule.

_____ Even though the office may give courtesy reminder calls, it is ultimately **my responsibility** to know when my massage appointment is.

_____ **I prefer to be contacted** Phone Text (carrier _____) email
 Phone _____ email _____

_____ Is it **okay to leave messages** regarding your appointments? YES NO

_____ I will reschedule my massage if I; recently started feeling sick, have a fever, am throwing up, have a severe sunburn, am intoxicated, or do not feel well enough to receive massage.

_____ I understand that I will be receiving therapeutic massage treatment as directed by my doctor and/or the massage therapist and treatment may include work to the back, neck, head, shoulders, arms, hands, legs, feet, gluteals, hips, abdomen or pectoral region. *Breast massage requires additional written consent.*

_____ Some massage therapists may use tools as part of the massage treatment, including hot stones, heated bamboo or silicone cupping tools.

_____ **I will be asked to disrobe to my level of comfort** and will be draped by a sheet during the massage treatment. The therapist may undrape areas that are being treated to perform massage to the area.

_____ I have the option to remain partially clothed instead of using a sheet drape, or use alternative draping to my comfort level, as approved by the therapist.

_____ **If I am uncomfortable I may end the massage at any time**, or discuss my concerns with the practitioner or a staff member.

_____ It is not unusual to experience tenderness or stiffness following a treatment massage, or discoloring from treatments like cupping.

_____ **I understand that I need a current prescription** (including diagnosis) from my doctor in order for Sutton Chiropractic and Massage to bill my health insurance.

_____ I understand that my health insurance DOES NOT cover massage for the following reasons: relaxation, maintenance/prevention, or stress reduction.

Allergies or sensitivities? Please circle: Scents Nuts Perfumes Menthol
other _____

Massage therapy is not a substitute for medical treatment, and it is recommended that I concurrently work with my Primary Caregiver for any condition I may have. I am aware that the massage therapist does not diagnose illness or disease, and does not prescribe medication. I have informed the massage therapist of all my known physical conditions, medical conditions and medications, and I will keep the massage therapist updated on any changes.

I have read and understand the information and policies stated above, and willingly give consent to receive massage therapy treatment.

Print Name: _____

Signature: _____ Date: _____