

Element Chiropractic

2023 Massage Information & Policies

Please read and initial the following statements.

_____ A no show of \$45 may be charged if I miss my appointment, am more than 10 minutes late, or cancel less than four hours prior to my appointment. If I am more than 10 minutes late to my appointment, it will be considered a no show, and the fee will be charged.

_____ If I 10 minutes late to my massage, I will receive a shortened massage.

_____ Even though the office may give automated reminders, it is ultimately my responsibility to know when my massage appointment is.

_____ 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 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 Element Chiropractic requires a referral with diagnosis codes to bill my health insurance, regardless of if my insurance tells me I don't need one. I also understand this is my responsibility to obtain.

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

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