

Sutton Chiropractic and Massage

2017 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 at the following number:** _____
- 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.
- I will be asked to disrobe to my level of comfort and will be draped by a sheet during the massage treatment. Only the areas currently receiving massage will be exposed while the therapist is working.
- 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.
- 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, stress reduction or treatment of depression.

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: _____