

CedarOak Policy Form

Please read, initial, and sign

Name _____

Health History Form

Because massage/bodywork should not be performed under certain circumstances (a.k.a. contraindications), I understand that massage services may not be given due to safety concerns due to my health history.

I agree to keep the massage therapist updated to any changes in my health profile. I release the massage therapist and CedarOak, LLC from any liability if I fail to do so. I understand that any information written or orally exchanged during a massage or bodywork session is held in strict confidence by CedarOak, LLC and is only used to provide the best possible care.

I understand that contraindications may prevent massage services from being rendered and that I have completed my health history form to the best of my ability. Initials _____

Scope of Practice

I understand that the massage/bodywork I receive is for the purpose of stress reduction and relief from muscular tension, spasm, and to increase circulation. I understand that massage therapists do not diagnose illness or disease or perform any spinal manipulations, nor do they prescribe any medical treatments or medication. I acknowledge that massage is not a substitute for medical examination or diagnosis, and that I should see a qualified physician for these services.

I understand and acknowledge CedarOak's scope of practice. Initials _____

Massage Session

I understand that my entire service includes time for setup and take-down, application of massage, interview, explanation of policy and procedures, assessment, disrobing, redressing, and homecare instructions. The time for the hands-on massage portion of the service is as follows:

1. Cedarwood service: 60 minutes
2. Oak service: 60 minutes
3. Aspen service: 60 minutes
4. Royal Palm service: 75 minutes
5. Green service: 60 minutes

Cancellation/Fee Policy

I understand and agree to the fee policy. I also understand that fees are due before or immediately after services are rendered and I am responsible for all payments. Notice of cancellation is required 24 hours prior to your appointment. If I cancel within 24 hours and I do not give a reasonable explanation, I will be suspended from scheduling a massage service for 2 months for the first offense, 6 months for the second offense, and permanent suspension for the third offense.

I understand and acknowledge the cancellation policy. Initials _____

Pressure

I understand that the massage therapist is committed to providing a professional and safe environment. If I experience any pain or discomfort, I will immediately inform the massage therapist. The massage therapist will then adjust the pressure or methods to my comfort level.

I understand and acknowledge the pressure policy. Initials _____

Draping/Disrobing

To ensure comfort, modest draping be used for all massage sessions. At no time during the massage will the groin, gluteal cleft, or breast tissue be exposed or touched. Disrobing and redressing is performed privately by the client. The Massage Therapist will not be in the same room during disrobing and redressing and will ask permission to enter the room after the completion of the aforementioned activities. The client has full control over the amount disrobing they choose.

I understand and acknowledge the draping policy. Initials _____

Consent

I understand I may withdraw my consent for massage at any time, at which point the session will end immediately. I also understand that if the massage therapist has just cause, the massage therapist can terminate the session.

I give my consent to start the proposed massage service, and I understand and agree with all policies listed above.

Signature _____ Date _____