

Informed Consent for Massage Therapy

I _____ am aware that massage therapy involves the manipulation and assessment of the soft tissues and joints of the body in order to improve or maintain my physical functions and to reduce or eliminate pain.

I understand that all information on my health history form is confidential and is required by my RMT so that the most effective and beneficial treatment may be given. I have accurately filled out such form and will inform my RMT of any change in my health status so that my health history may be kept up to date ensuring proper treatment on a regular basis.

I agree to the following fee schedule and note that payment is required upon receipt of the massage. I understand that it is my responsibility to fill out and send any forms required by my insurance company in the event that I have coverage. (A receipt for these purposes will be issued to all clients.) (All fees include HST and are subject to change.)

30 minutes - \$55
45 minutes - \$70
60 minutes - \$85
90 minutes - \$125

Date _____
Signature _____

Late/Cancellation Policy

Balance Health Centre gives reminder calls for appointments as a courtesy to our clients. Please do not expect it. We ask that at the time of booking you make a record of the time and date of your appointment.

If you arrive late for your appointment the time will not be made up as it would be taking from another client's appointment and you will be charged for the full amount of the appointment.

Your therapist makes every effort to stay on time but if they are running late, your appointment will not be shortened.

We require 24 hours notice for cancellation of an appointment so that we have enough time to book another client into that spot. Missed appointments or those cancelled on the same day of the appointment will be charged in full.
Thank you for your understanding.