



Healing Arts

Community Health Center
of Blanco and Canyon Lake



4520 Highway 281 South
Blanco, TX 78606
830-833-0510

Massage Therapy

Do you wake up during the night? YES NO If yes, what time? _____

Are you under a great deal of stress? YES NO

If yes, please describe _____

Has there been significant changes in your life? YES NO

If yes, please describe _____

Are you currently receiving medical care? YES NO

Do you have any other medical conditions of which I should be made aware of before giving a massage? If so, please specify:

Please list any medications or provide list

Do you prefer silence during your treatment? YES NO

Please circle the areas of your body that you **DO NOT** give permission to massage:

Back legs arms neck head face belly feet buttocks

Women only Are you pregnant or plan to become pregnant? YES NO

If yes, date of last period _____

Practice Guidelines and Boundaries

Please initial each section

Time (initials) _____

- Client will show up on time.
- Client will give 24- Hour cancellation notice or otherwise the client will be billed for the session on the second no-show occurrence.
- A session can be lengthened based on the therapist's schedule.
- If a client shows up late for an appointment, the client will be billed for a full session and treated for the remaining time of the session.
- A one-hour session lasts 60 minutes total in the room, one and a half hour , 90 minutes.
- If an emergency occurs for either the client or the therapist, the session may be rescheduled based on the mutual agreement.

Treatment (initials) _____

- The client must have proper hygiene (no open sores, dirty skin, etc.) (If clients have dirty/smelly feet due to wearing sandals, client may rinse feet in our shower.)
- The client determines which pieces of clothing to remove.
- The client disrobes/robes when the therapist is not present in the room.
- The therapist discusses what is most helpful for the specific treatment; however, the client makes the final decision.
- The client determines which areas not to treat; likewise the therapist determines which areas not to treat.
- The client will remain covered at all times and only the area that is being worked on will be uncovered.
- The client will communicate the preferred type of scented oils/creams to use and the type of music to be played.
- The client will communicate the pain level to the therapist during the massage.
- Treatment is provided in a specific designated space and where the client's privacy is assured.
- Any person under the age of 18 years old must be accompanied by an adult during the treatment.
- **Absolutely NO Sexual intonation/behavior is tolerated.** This type of behavior will result in immediate dismissal of client. The client will not expect, nor will they ask any employee of this facility, to discuss or perform a sexual act. The client understands the massage therapist is not allowed to engage in a discussion of a sexual nature and that the massage will be terminated if necessary.

Payment (initials) _____

- Payment is due at the time when service is rendered:
- Cash, checks, Visa /MasterCard/Discover are acceptable.
- Fee Structure is as agreed upon
- Gratuity/Tip is greatly appreciated.
- **If you are paying with Credit Card and would like to include the tip in the total please tell the person who is completing your transaction. (We do not have a tip line on our credit card machine.)**
- Gift certificates are available and are paid in advance for service; certificates to be used within one –year time frame.

Agreement

_____ (client's name) and Healing Arts Community Health Center of Blanco and Canyon Lake, LLC and contracted massage therapist agree to adhere to the specified boundaries. If for some reason the client cannot adhere to the boundaries, the therapist will discuss a course of action that may result in the right to refuse treatment of the client.

I understand that massage therapy treatments are for the purpose of stress reduction, relief from muscular tension or spasm, or for increasing circulation.

I understand that the massage therapist does not diagnose illness, disease, or any other physical or mental disorder. As such, the massage therapist prescribes neither medical treatment nor pharmaceuticals, nor performs any spinal manipulations. It has been made very clear to me that this massage therapy is not a substitute for medical examinations and/or any physical ailment that I might have.

Because a massage therapist must be aware of existing physical conditions, I have stated all my known medical conditions and take it upon myself to keep the massage therapist updated on my physical health.

I understand that by signing this, I hereby release Healing Arts Community Health Center of Blanco and Canyon Lake, LLC, its owners, officers, employees, contractors and all individuals assisting in the conduct of services at Healing Arts Community Health Center of Blanco and Canyon Lake, LLC from any and all liability. I have carefully read this Release of Liability and fully understand its content.

Client's Signature _____

Date _____

Massage Therapist Signature _____

Date _____