

Crystal Rmt

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I hereby consent to my Therapist to treat me with massage therapy for the above noted purposes including such assessments, examinations and techniques, which may be recommended, by my Therapist.

I acknowledge that the Therapist is not a physician and does not diagnose illness or disease or any other physical or mental disorder. I clearly understand that massage therapy is not a substitute for a medical examination. It is recommended that I attend my personal physician for any ailments that I may be experiencing. I acknowledge that no assurance or guarantee has been provided to me as to the results of the treatment. I acknowledge that with any treatment there can be risks and those risks have been explained to me and I assume those risks.

I acknowledge and understand that the Therapist must be fully aware of my existing medical conditions. I have completed my medical history form as provided by my Therapist and disclosed to the Therapist all of those medical conditions affecting me. It is my responsibility to keep the Therapist updated on my medical history. The information I have provided is true and complete to the best of my knowledge.

I authorize my Therapist to release or obtain information pertaining to my condition(s) and/or treatment to/from my other caregivers or third party billing companies.

Missed and Late Appointments: When you book an appointment with me, that time is set aside for you - and ONLY you. I try not double book and I try to always be ready for you when you arrive. In return, I ask that you keep your promise to me and show up for your appointment on time.

Please understand that missed appointments prevent me from catering to other clients.

That said, my policy is simple. If you do not show up for your scheduled appointment, and you have not notified me at least 8 hours in advance, you will be required to pay 50% of cost of the treatment as booked, and require a credit card number to rebook your appointment. The card will be billed only if you do not attend your appointment

If you are more than 15 minutes late, without notification, it's considered a missed appointment and you are subject to the 50% charge. If you arrive late, only the time remaining will be usable and you are subject to charges for the full treatment time.

Cancellations and Same-Day Cancellations: In the event that you are unable to keep your scheduled appointment with me, please contact me at least 8 hours prior to your appointment. If you do not reach me, please leave a message on my voice-mail system (705 493 2596) or send an email to (crystalrmt@gmail.com). If I do not hear from you within this time frame, and you do not keep your appointment, the above policy will be applied. You may send someone in your place, but please still notify me of the change

Note: I recognize that no one is perfect and there are circumstances that are out of your control (sudden illness, family emergencies, etc.) and so I may make an exception to the above policies on those rare occasions.

I have read the above noted consent and cancellation policy and I have had the opportunity to question the contents and my therapy and the policy. By signing this form, I confirm my consent to treatment and intend this consent to cover the treatment discussed with me and such additional treatment as proposed by my Therapist from time to time, to deal with my physical condition and for which I have sought treatment. I understand that at any time I may withdraw my consent and treatment will be stopped. I understand that missed, late and same-day cancellations will be subject to the above policy. I understand that I may retain a copy of this policy and refer to it as needed and am entitled to a new copy when revisions are made

Patient Name: _____

Signature of Patient/Guardian: _____

Witness: _____

Date Signed: _____