



Please take a moment to read and initial all of the following statements:

I affirm that I have notified my therapist of all known medical conditions and injuries. _____

I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist's part should I forget to do so. _____

I voluntarily give my consent to the assessment and/or treatment of all indicated areas below:

Please check or initial any areas you would like treated:

- | | |
|-------------------------------|----------------------------------|
| _____ Back | _____ Leg(s)/Knee(s) |
| _____ Neck | _____ Upper Inner Thigh(s) |
| _____ Shoulder(s) | _____ Buttocks (Gluteal Muscles) |
| _____ Arm(s)/Wrist(s)/Hand(s) | _____ Abdomen |
| _____ Scalp/Face | _____ Breast(s) |

- Please note, you have the right to change any areas listed on this consent for at any time. If you require to do so, please inform your RMT in order to make the adjustment.
- Feel free to ask your therapist any questions before, during, or after the session. Your therapist is a highly trained professional and will be happy to make you feel informed and comfortable.

I have read the above noted consent and I have had the opportunity to question the contents and my therapy. I am aware that the treatment of the above indicated area(s) is part of a treatment plan which can be changed at any time and will be discussed between myself and my RMT and noted on this consent form when done so. I understand that at any time I may withdraw my consent and treatment will be stopped.

Client Name: _____

Client Signature: _____

Date: _____

CANCELLATION POLICY

A minimum of 24 hours notice is required to cancel or change your appointment; otherwise, 50% of the treatment fee will be charged. I have read, fully understand, and agree to the above cancellation policy:

Signature: _____ **Date:** _____

Credit Card #: _____ **Exp. Date:** _____ **CVC/CVV:** _____

*** For cancellation purposes only, and will remain confidential***