

BODHI TREE MEDITATION
Client Informed Consent Form/Relaxation Massage

Name: _____
Address: _____
City/Postal Code: _____
Phone: _____
Email: _____
Age: _____

Please check any condition listed below that applies to you (past or present) and use the accommodating line to provide specific information

- | | | |
|---|--|--|
| <input type="checkbox"/> abdominal/digestive problems | <input type="checkbox"/> cramps/spasms _____ | <input type="checkbox"/> sciatica |
| <input type="checkbox"/> allergies | <input type="checkbox"/> currently pregnant | <input type="checkbox"/> scoliosis |
| <input type="checkbox"/> anxiety/depression | <input type="checkbox"/> decreased sensation _____ | <input type="checkbox"/> sinus problems |
| <input type="checkbox"/> arthritis | <input type="checkbox"/> diabetes | <input type="checkbox"/> sleep disorder |
| <input type="checkbox"/> asthma | <input type="checkbox"/> disc problems _____ | <input type="checkbox"/> sprain/strain _____ |
| <input type="checkbox"/> back pain | <input type="checkbox"/> epilepsy/seizure | <input type="checkbox"/> stress |
| <input type="checkbox"/> blood clots | <input type="checkbox"/> fibromyalgia | <input type="checkbox"/> stroke |
| <input type="checkbox"/> broken bones _____ | <input type="checkbox"/> headache/migraine | <input type="checkbox"/> TMJ |
| <input type="checkbox"/> bruise easily | <input type="checkbox"/> heart condition | <input type="checkbox"/> thyroid disease |
| <input type="checkbox"/> bursitis/tendonitis | <input type="checkbox"/> hypertension/hypotension | <input type="checkbox"/> ticklish _____ |
| <input type="checkbox"/> cancer | <input type="checkbox"/> joint pain _____ | <input type="checkbox"/> varicose veins |
| <input type="checkbox"/> carpal tunnel _____ | <input type="checkbox"/> numbness/tingling _____ | <input type="checkbox"/> wearing contacts |
| <input type="checkbox"/> circulatory problems | <input type="checkbox"/> osteoporosis | <input type="checkbox"/> wearing dentures |

Do you have any difficulty lying on your stomach, back or side? Yes No
If yes, please explain _____

Do you have any allergies to oils, lotions or ointments? Yes No
If yes, please explain _____

Are you currently under medical supervision or do you see a chiropractor? Yes No
If yes, please explain _____

Do you perform any repetitive movement in your work, sports, or hobby? Yes No
If yes, please explain _____

Is there a particular area of the body where you are experiencing tension, stiffness, pain or other discomfort? Yes
No If yes, please explain _____

Is there anything else about your health history you think would be useful for your relaxation massage technician to know in order to plan a safe and effective massage session for you? _____

What is your main goal for this massage? _____

What type of pressure do you usually prefer? (please circle one) Light Medium Firm

Informed written consent must be provided by a parent or legal guardian for any client under the age of 18.

For prenatal relaxation massage, a written consent by the OBS/GYN must be obtained prior to the massage. No relaxation massages will be performed on any client after 4 months of pregnancy.

I, _____ (print name) understand that the relaxation massage I receive from Bodhi Tree Meditation is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform the relaxation massage technician so that the pressure may be adjusted to my level of comfort.

I further understand that the relaxation massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of.

I understand that relaxation massage technicians are not qualified to perform any spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session should be construed as such.

Because relaxation massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly.

I agree to keep the relaxation massage technician updated as to any changes in my medical profile and understand that there shall be no liability on the relaxation massage technician's part should I fail to do so.

I understand that the relaxation massage technician may refuse service at any time for any reason and that certain medical issues may contraindicate massage services and will be referred to a medical professional.

I have also read and will abide by all policies and client expectations that may be listed separately from this document.

Signature of client: _____ Date: _____

Signature of relaxation massage technician: _____ Date: _____

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Policy Agreement

Informed Consent

Prior to each relaxation massage session, the treatment plan will be discussed with the client. At the client's first visit, the client will receive a copy of the relaxation massage policies and will be asked to sign the consent stating that he/she has read the information, understood it and agrees to comply with the relaxation massage technician's policies and procedures.

Scope of Practice

Relaxation Massage Technicians are trained in the use of manual techniques to relax and release tension from the soft tissues of the body. Relaxation Massages are intended to be a health-enhancing system that promotes a mind, body, spirit balance. If any situation should arise during the massage session and the technician feels you should be evaluated by a professional, you will be referred to your healthcare physician. Relaxation Massage Technicians do not work within the parameters of licensed medical professionals, therefore do not diagnose or prescribe for a particular medical condition. If any medical condition should require prior physician's approval, the appointment may be rescheduled without charge.

Respectful Boundaries

The client will always be modestly draped. Only the area being massaged will be undraped. The breasts and genital areas will not be massaged under any circumstances. Any sexual advances, sounds, comments or innuendos as well as rude or violent behavior will result in immediate dismissal and will be reported to legal authorities. Sexual interaction or discussion of any kind between the client and the relaxation massage technician is NEVER appropriate.

Requests for sexual activity will not be tolerated and the relaxation massage technician has the right to end the session immediately if such request is made. If the session is terminated early due to such request, full payment is still required.

The client may stop the massage at any time and is free to leave, as well as refuse any relaxation massage methods that are not comfortable to the client. If the experiences any discomfort during the session, immediately inform the technician so that the pressure may be adjusted.

Financial Policy

Late Policy—Clients are asked to arrive a few minutes early in order the client to use the restroom, relax and be ready at the appointed time. If the client arrives late for his/her appointment, the time left will be used to its best advantage, still ending at the appointed time and at full price. If more than 20 minutes late, the session will be canceled.

Cancellation/No Show Policy—A 24 hour notice is required for canceling an appointment. We understand emergencies and sicknesses do come up (for both the client and the relaxation massage technician) so the earliest possible notification for such events is required. Clients who do not show up for their appointments will be given a reminder phone call or email notification that they have missed their appointment. If the client does not show up for his/her appointment a second time, the client will be refused to schedule any other Relaxation Massages with Bodhi Tree Meditation.

Payment—Payment is expected at the time of service. All fees are subject to change. Cash and gift certificates are accepted at all times. Failure to pay will result in legal charges and refusal to schedule any other Relaxation Massages with Bodhi Tree Meditation.

Miscellaneous

Clients should be prepared to make their session as relaxing as possible by turning off their cell phones and all other electronics.

The Relaxation Massage Technician is not responsible for lost items or items left behind.

I take full responsibility for what I may experience during or after the Relaxation Massage and I fully and forever discharge Genevieve Poirier and Bodhi Tree Meditation from all claims by, arising out of , or in any way connected with this and future Relaxation Massages.

I verify that I have read the above policies provided by Bodhi Tree Meditation and agree to comply with these in full.

Signature: _____ Date: _____