

Oracle Massage & Wellness – Client Consent & Agreement Form

Client Name: _____ Date: _____

1. Informed Consent & Treatment Agreement

I understand that massage therapy is a therapeutic treatment designed to relax muscles, relieve tension, improve circulation, and support overall wellness. I acknowledge that massage is **not a substitute for medical care**. I consent to receive massage therapy and understand that techniques may include Swedish, Deep Tissue, Sports, Medical Massage, Trigger Point Therapy, Craniosacral Therapy, Reiki, Aromatherapy, Hydrotherapy, and other modalities as appropriate. I agree to **inform the therapist of any changes in my health, medications, or medical conditions** that may affect my treatment. Any advice, recommendations, or suggestions provided during massage therapy sessions should always be reviewed and discussed with your primary care provider before implementation.

2. HIPAA / Privacy Notice

I understand that my personal and health information will remain confidential in compliance with privacy laws. My information will only be used for treatment, billing, or professional record-keeping purposes.

3. Cancellation, No-Show & Late Arrival Policy

Appointments are by **appointment only**. Cancellations require at least 24 hours' notice. No-shows or late cancellations may be subject to a fee. Late arrivals will result in a reduced session time to accommodate the next client.

4. Communicable Disease / Health Screening

I confirm that I am not currently experiencing contagious illness (fever, cold, flu, COVID-19, etc.), and have not had recent exposure to a communicable disease. I will reschedule if I am sick or at risk of exposing others. **I agree to reschedule my appointment if I am feeling unwell, contagious, or have recently been exposed to any communicable illness.**

5. Medical Release (for Special Conditions or Medical Massage)

I acknowledge that I have disclosed all relevant medical conditions, injuries, or physical limitations. I understand that if I have any conditions requiring medical clearance, I should obtain approval from my healthcare provider before receiving treatment.

6. Payment & Liability Agreement

I agree to pay for services at the time of the session. I understand that Oracle Massage & Wellness and its staff are not liable for any adverse reactions or injury resulting from massage therapy. I release Oracle Massage & Wellness from liability beyond standard professional care.

Client Signature: _____ Date: _____