

Massages with Purpose
... Where Healing Begins



GINGER TAYLOR, LMT

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2070 Meadowlane Ave, W. Melbourne, Fl 32904

PATIENT INFORMATION:

Today's Date: _____

Child's Name: _____ Child's Pediatrician: _____

Address: _____ City: _____ State: _____ Zip: _____ DOB _____

Parent/ Guardian Home Phone: _____ Cell Phone: _____

Parent/ Guardian E-mail: _____ Referred by: _____

When was your child's last Massage/ CranioSacral Therapy session: _____

Please list your **GOALS FOR THIS SESSION:**

HEALTH INFORMATION:

Please list any **Current Medical Conditions** for your child below:

Please list any **surgeries, injuries, broken/dislocated bones, or scars** (Please include dates or year):

****OTHER HEALTH INFORMATION:**



YOUR APPOINTMENT TIME:

This time is set aside for you. Out of respect and consideration to your therapist and other customers, please plan accordingly and be on time. As a sole business owner, Ginger is unable to absorb the losses for missed appointments, no-shows, or appointments cancelled within a 24 hour period of the scheduled appointment. Ginger is often scheduled out 2 weeks in advance, earlier cancellations allow her to move clients in need into those advanced notice cancelled spots, but less than 24 hour notice, or same day cancellations, can be impossible for Ginger to fill the appointment while she is working that same day.

24 hour Cancellation Policy, advance notice is required when cancelling an appointment. We understand that unanticipated events happen occasionally in everyone’s life. It is our desire to be effective and fair to all clients. Advanced notice allows the opportunity for someone else to schedule an appointment. If you are unable to give your therapist 24 hours advance notice you will be charged the **full amount** of your appointment. This amount must be paid prior to your next scheduled appointment.

No-shows

Anyone who either forgets or consciously chooses to forgo their appointment for whatever reason will be considered a “no-show.” They will be charged for their “missed” appointment at the **full amount**.

Late Arrivals

If you arrive late, your session may be shortened in order to accommodate others whose appointments follow yours. Depending upon how late you arrive, your therapist will then determine if there is enough time remaining to start a treatment. Regardless of the length of the treatment actually given, **you will be responsible for the “full” session.**

CLIENT SIGNATURE _____ **DATE** _____

I have stated all conditions that I am aware of and this information is true and accurate to the best of my knowledge. I will inform my health care provider and massage therapist if anything changes in my status. I understand that massage/bodywork I receive is for the purpose of stress reduction and the relief from muscular tension, spasm or pain and to increase circulation. If I experience any pain or discomfort, I will immediately inform my massage therapist so that the pressure and/or methods can be adjusted to my comfort level.

I understand that Sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature will constitute as sexual harassment and will not be tolerated and will result in **immediate termination of the session**, and I will be **liable for full payment** of the scheduled appointment.

I understand that my massage therapist does not diagnose illness or disease, nor perform any spinal manipulations, and does not prescribe any medications/treatments. I acknowledge that massage is not a substitute for a medical examination or diagnosis and that I should see my health care provider for those services.

I understand that I am receiving massage therapy at my own risk. In the event that I become injured either directly or indirectly as a result, in whole or in part, of the aforesaid massage therapy I hereby hold harmless and indemnify the therapist, their principals, and agents from all claims and liability whatsoever.

CLIENT SIGNATURE _____ **DATE** _____