

Annual Update & Policy Acknowledgment

Client Name: _____

Date: _____

Health & Intake Update

Have there been any changes since your last intake?

- New medical conditions, injuries, or surgeries? Yes No

If yes, please describe: _____

- Any new medications? Yes No

If yes, please list: _____

- Any other health changes or concerns for your therapist? Yes No

If yes, please describe: _____

Client Initials: _____

Consent to Massage

I understand that massage:

- Is for relaxation, stress relief, and muscle tension reduction
- Is **not a substitute for medical care**
- Should be adjusted if I feel discomfort or pain
- I have provided accurate and complete health information

Client Initials: _____

Cancellation & Payment Policy

I acknowledge that:

- Cancellations less than 24 hours prior may be charged **50%** of the service cost
- No-shows or arrivals more than 15 minutes late may be charged **100%**
- It is my responsibility to notify the therapist of **any health changes**
- Massage therapists are **not liable** for undisclosed or unknown conditions

Client Initials: _____

Acknowledgment

By signing below, I confirm I have updated my health information and reviewed all consent and policy sections.

Client Signature: _____

Date: _____

Parent/Guardian Signature (if minor): _____

Date: _____