

Adrienne G. Honeywell L.M.T.

Located in the offices of i spa Health Studio
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Informed Consent for Massage Therapy Treatment and Cancellation Policy

Massage Therapy involves manipulating the muscles and other soft tissues of the body through natural means. The Massage Therapists assess the whole person, taking into consideration the physical, mental, emotional and spiritual aspects of the individual. Gentle, non-invasive techniques are generally used in order to stimulate the body's inherent healing capacity. Your Massage Therapist will take a thorough case history and perhaps perform a physical examination limited to the physical complaint of the patient. It is very important that you inform the Massage Therapist immediately of any disease process that you are suffering from and any medications, over the counter drugs supplements/vitamins that you are currently taking or if you have consumed alcohol prior to your appointment. Please advise your Massage Therapist immediately if you are pregnant, suspect that you are pregnant or breast-feeding.

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.

I understand:

1. Neither **i spa Health Studio** nor the **Massage Therapist** guarantee treatment results. The Massage Therapist will explain treatment provided and will answer any questions I may have.
2. Massage Therapy can be therapeutic, relaxing and reduce muscular tension, it is not a substitute for medical examination, diagnosis and treatment. I will immediately inform the practitioner if I experience any pain or discomfort during the session so that the pressure may be adjusted to my level of comfort.
3. Massage Therapy should not be done with certain medical conditions and I affirm that I have answered all questions pertaining to medical conditions truthfully.
4. It is my responsibility to notify the Massage Therapist of any medical, billing or address changes.
5. I am free to withdraw my consent and discontinue treatment at any time.
6. Any illicit or sexually suggestive remarks or advances will result in immediate termination of the session.
7. **Cancellation of an appointment requires 24 hours notice or there will be a termination fee of \$65.00 applied to a missed or cancelled visit.**

I have read the above and hereby give consent to Adrienne G. Honeywell, L.M.T., M.A. 17853 to proceed with treatment.

Patient Name: _____ (please print name)

Signature of Patient/Guardian: _____ Date: _____

Massage Therapist Name: Adrienne G. Honeywell, L.M.T., M.A. 17853

Signature of Practitioner: _____ Date: _____