

Back In Balance Massage & Wellness~ Policies

Arrival - Please plan to arrive 5 minutes before your appointment so that your session may begin on time, to allow for traffic and to relax before your session.

Cancellations - *As a professional courtesy, I require 24 hours notice if you need to cancel or reschedule.* This may be waived in the case of illness, inclement weather or extreme emergency. Less than 24 hours, there is a \$30 charge which will be collected at your next scheduled appointment time. *Likewise*, if I need to cancel with less than 24 hours notice, I will add 20 minutes to your next scheduled, paid appointment. "Repeat offenders" will be required to prepay for their appointment.
Your consideration and respectfulness is much appreciated!

Payment - *Cash payment only.* I apologize for any inconvenience, but due to less scrupulous folks, I am unable to take the risk of returned checks.
~ *Thank you for your patience and understanding* ~

Gift Certificates - I'm sorry; gift certificates are no longer available.

Packages- Massage packages must be used within 4 months of purchase.

Intake/History Form - Every client will fill out an intake form/history on the first visit. Information is strictly confidential. It is the *client's responsibility to keep the therapist updated on any changes in health.*

Water - It is STRONGLY recommended that you drink at least 2- 8oz. glasses of water within an hour after your massage, preferably more in the subsequent hours. This should prevent the possibility of feeling tired or sore or any other possible after effects of massage.

Cologne/Fragrances - *Please refrain from wearing perfume or cologne prior to your massage* appointment due to possible allergies of other clients as well as your therapist.

Jewelry - Please remove jewelry before your massage, especially necklaces and dangling earrings. I can massage around rings.

Termination of massage - Client understands that this service is strictly non-sexual and non-sensual in nature, and that any illicit or sexually suggestive remarks or gestures will result in the IMMEDIATE termination of massage session. Client also understands that massage cannot be provided if he/she is intoxicated. It is required to pay for the session in full.

Client
*Nita Keesler*_____

Date

Therapist

Date

Name: _____ Date: _____
 Address: _____ Occupation: _____
 _____ Birth Date: _____
 Phone: _____ Emergency Contact: _____
 Email: _____

Would you like to receive my free monthly E-newsletter with stress-relieving, health and flexibility tips and updates on specials and workshops? Yes, Please _____ No Thanks _____

How did you hear about me? _____

Primary reason for appt.: _____

Other areas of tension: _____

Any areas you would prefer *NOT* to be massaged? _____

Please list your history of injuries/accidents or surgeries, if applicable: _____

Do you exercise or participate in any sports or hobbies? _____

What kind and how often? _____

Please check if you have or had any of the following:

Headaches	Pins and Needles	Diabetes
Arthritis	Fatigue/Depression	Cancer
Painful Joints	Loss of Balance	Stroke
Scoliosis	Breathing Problems	Seizures
Spinal Injury	Skin Problems	Auto Immune Disorder
Bulging/Ruptured Disk	Allergies	Currently Pregnant
Sciatic Problems	Communicable disease	Contact Lenses/Dentures

Please describe any checked items above: _____

Please list any medications: _____

Do you have a history of Circulatory Problems, Blood Clots, Phlebitis, Aneurisms, High/Low Blood Pressure, or Heart Conditions?? _____

Is there any other Medical Condition that I should be aware of before administering Muscle Therapy? _____

Please Read and Sign Below:

I, _____, understand that massage and muscle therapy provided is for the purpose of stress reduction, relief from muscular tension or spasm, or increasing circulation, energy flow and general health. I understand that the Massage Therapist does not diagnose illness, disease, or any other physical/mental condition. As such, she does not prescribe medical treatment or pharmaceuticals, nor does she perform spinal manipulations. (Massage Therapy is not a substitute for proper medical care; it is recommended that I see a qualified health care provider for any physical/mental ailment I may have.) I understand that this service is strictly non-sexual in nature and that any illicit or sexually suggestive remarks or advances will result in immediate termination of my session. I also understand that a Massage Therapist must be aware of any existing health conditions. I have stated all known health conditions above, and take it upon myself to keep the Massage Therapist updated on any health changes.

Signature: _____ Date: _____

Therapist: _____ *Nita Keesler* _____ Date: : _____