

Welcome to Focused Care Therapeutic Massage!

We are 100% committed to your satisfaction.

Please read, initial, and sign each policy to ensure you have a GREAT experience with us.

Client Name: _____

Date: _____

CANCELLATIONS/RESCHEDULING:

- 1 ★ If I am not able to make a scheduled appointment, I agree to cancel or reschedule the appointment **at least** 24 hours in advance. I agree to pay \$35 or 50% of the full session rate (whichever is greater) if I give *less than 24 hours* notice. _____
- 2 ★ I agree to pay the full session rate if I give *2 hrs notice or less*, or if I miss an appointment without giving notice. _____
- 3 ★ If, within 24 hours of my session, I develop a contagious illness, or have a sudden, unplanned health or personal emergency rendering me unable to make my appointment, I will inform Focused Care Therapeutic right away, and if they are unable to fill my vacancy, I will pay the cancellation fee, or session fee (if less than 2 hours notice), unless an exception is granted, only at the discretion of Focused Care Therapeutic Massage. _____
- 4 ★ I understand that I am still responsible for my appointment *until I hear back from a staff member confirming they received my email or phone call* requesting cancellation/rescheduling. _____

ARRIVING ON TIME/SESSION LENGTH:

★ I understand I must arrive 10-15 minutes *early* for any appointment in order to get the full session time I have scheduled. If I arrive on time, or late, I understand the therapist can only give me whatever time *remains* of my appointment, and that I will pay for the *full length* of session that I booked. _____

I understand that in order for me to receive the best massage therapy possible, I know that I have to communicate ANYTHING and everything, including my needs, preferences, requests or feedback, at any time before, during, or after my massage. I take it upon myself to communicate right away if there is anything distracting me or if I feel unwell or uncomfortable at any time during the session so that she can make adjustments. I understand that my therapist wants my HONEST feedback - positive or negative - and doesn't take offense to it. _____

I have read, understand, and agree to the above policies and information.

Signature: _____

Date: _____