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CLIENT CONTRACT AND INFORMED CONSENT

The following is a contract that you, the client is asked to sign as an informed consent. The contract is to full inform you of your rights for treatment and your responsibilities as a client. It is important that if anytime there are any changes to your health history to let the therapist know.

Your rights as a client are that you have the right at any time to terminate the massage as you feel necessary, the therapist has the same right.

You will be receiving a POSTURAL ANALYSIS on your initial treatment to try to get to the source of your discomfort caused by any discrepancies in your posture.

You may receive a RANGE OF MOTION TESTING to see where you are at.

There may also be some SPECIAL TESTING done at any given time to differentiate between special conditions.

I will only be updraping the body part that I will be working on at that time.

Please any sensitivities you have that my affect your massage (scent, position, lotions, etc.)

There will be a \$25.00 FEE for missed appointments.

I _____ understand all of the above information and give JANICE EGGER, RMT for massage therapy.

Signature _____ Date _____

Therapist Signature

Janice Egger, RMT