

# *Heaven On Earth*

## *Consent Form*

*Please read the following and sign below.*

*If you have any questions, please ask me to clarify.*

- *I understand that this is a professional, non-sexual massage/treatment. Any misconduct or inappropriate behavior regarding this subject will result in immediate termination of the massage/treatment with full payment due.*
- *I understand that this massage is for stress reduction and relief of muscular tension and is not a substitute for medical attention.*
- *I understand that the therapist does not diagnose, treat, or prescribe for any illness, ailment or disease.*
- *I understand that I am always in control of my body during this session; I can stop at any time during the session.*
- *It is my responsibility to inform the therapist if anything feels uncomfortable or if I would like more or less pressure.*
- *I agree to pay by check or cash after the massage. If my check is returned for insufficient funds, I agree to pay a \$25.00 service charge.*
- *If I am going to be late for an appointment, I agree to call as soon as possible and understand that my time may be shortened as a result.*
- *I understand that there is a 24-hour cancellation policy; if I do not cancel in a timely fashion, the full payment of my service is due.*
- *I agree to come to my appointment without being influenced of alcohol or narcotics.*
- *I understand that I will undress to my comfort level during the session.*
- *I understand that the only part of my body uncovered from a sheet is the part that is being worked on.*
- *I will inform the therapist of any diseases or illnesses I currently have or have had.*
- *I understand that there is no liability on the therapist should I forget to update my intake form.*
- *I agree to indemnify, release or hold harmless the therapist, Heaven On Earth: Skin Care & Massage, Oakwood Apartments Worldwide, or Jolyn Silva.*

*Printed Name:* \_\_\_\_\_

*Date:* \_\_\_\_\_

*Signature:* \_\_\_\_\_

# *Heaven On Earth Intake Form*

*Name:* \_\_\_\_\_ *DOB:* \_\_\_\_\_

*(Oakwood) home telephone #:* \_\_\_\_\_

*Work telephone #:* \_\_\_\_\_

*Cellular telephone #:* \_\_\_\_\_

*Email:* \_\_\_\_\_

*Oakwood Apartment #* \_\_\_\_\_ *How long will you be here?* \_\_\_\_\_

*Permanent Address:* \_\_\_\_\_

\_\_\_\_\_

*Emergency contact – Name & #:* \_\_\_\_\_

*List medical conditions:* \_\_\_\_\_

*List tense parts of body:* \_\_\_\_\_

*List surgeries – dates & types:* \_\_\_\_\_

*List injuries – dates & types:* \_\_\_\_\_

*List known allergies:* \_\_\_\_\_ *List current medications:* \_\_\_\_\_