

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:* _____

Continue on back.