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CONSENT FOR TREATMENT / CANCELLATION POLICY

Please take a moment to carefully read the following information and sign where indicated.

I understand Myofascial Release/bodywork may be contraindicated. A referral from my primary care provider may be required prior to service being provided. I further understand that bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of and is beyond the scope of my massage therapist. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because Myofascial Release/bodywork/massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and have answered all questions honestly. I agree to keep my practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so. It is also my understanding that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for the full payment of the scheduled appointment. I understand that **FLOW TOTAL WELLNESS requires 24 hours notification if I am unable to keep my scheduled appointment.** I understand that if I am unable to do so, I will be charged a 'cancellation/missed appointment fee' equal to the fee of my scheduled session. I also understand that if I arrive late, I will receive the remainder of my time but will be liable for payment in full.

Client Signature

Date

Consent for the treatment of minor:

By my signature below, I hereby authorize _____
to facilitate Myofascial Release/bodywork/massage therapy techniques to my child or
dependent as they deem necessary.

Signature of Parent or Guardian

Date

"Embrace the flow; it will take you through exciting places that you might otherwise have missed!"