

Massage Therapy Policies

Thank you for choosing Koenig Wellness for your massage therapy!

- 1) Please arrive 10 minutes prior to appointment time
- 2) Health information and administrative forms must be filled out in entirety
- 3) All client information is kept strictly confidential
- 4) Children should not be left unattended
- 5) No eating or drinking, except water
- 6) Personal communication devices must be silenced
- 7) Privacy will be respected at all times. Only the area of the body being worked will be undraped during session
- 8) Clean linens will be provided at each session

Customize your massage experience:

- 1) Personal music can be played during your session with prior arrangement
- 2) Personal choice of product provided by patient can be used for your massage

Appointment Times:

30, 60 and 90 minutes massages available at these start times:

9 a.m. 10:15 a.m. 11:30 a.m. 1:30 p.m. 2:45 p.m. 4 p.m. Monday-Saturday

Missed Appointments:

Because there are only a limited number of appointments available each day, last minute cancellations are not fair to the Koenig Wellness massage therapist. We know that some changes in your schedule are unavoidable, however there is often a waiting list, so if you need to miss a scheduled appointment please call at least 12 hours in advance so your reserved time can be used by someone else in need. Failure to give proper notice can result in a charge of \$35.

Contact:

Telephone: 205.985.9888

Emergencies: 205.283.6391

E-mail: info@koenigwellness.com

Massage Consent & History

Name (Mr. Mrs. Ms. Dr.): _____

Address: _____

City/State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Birthdate: _____ Occupation: _____

Emergency Contact: _____ Phone: _____

Referred by: _____

Existing patient of Koenig Wellness? Yes No

Previous Massage Therapy? Yes No

Disclaimer and Financial Policies:

Because a massage therapist must be aware of any existing physical conditions the patient may have, I have listed all my known medical conditions and will inform my massage therapist of any changes in my health. I understand that the massage therapy I am given is for the purpose of stress reduction, relief from neuromuscular tension or spasm, and/or for improving circulation. I understand that a massage therapist neither diagnosis illness, prescribes treatment, nor performs spinal manipulation. I am responsible for consulting with a qualified physician for any ailment I may have. I understand that massage therapy at Koenig Wellness is strictly ethical and therapeutic only, and that draping with a sheet or towel will be required at all times.

I understand I am responsible for full payment at time of service. I understand that I must give a 24 hour notice in the event I must cancel an appointment. Failure to do so will result in a missed appointment charge of \$35.

Consent: I have read the above, clearly understand it and consent to massage therapy.

Signed: _____ Date: _____

Family History: (Mother/Father)

Lung Condition (M/F)

Diabetes (M/F)

Heart Condition (M/F)

Back Condition (M/F)

Stroke (M/F)

Headaches (M/F)

Osteoporosis (M/F)

Scoliosis (M/F)

Cancer (M/F) Arthritis (M/F)

Other:

Draw your symptoms¹ using the following symbols:

Xxx = Pain
/// = Burn

Ooo = Numb
≈≈≈ = Spasm

+++ = Tingle
= Stiff

