

Head to Heal Therapy and Spa  
376 SW Bluff Dr., Suite 2  
Bend, OR 97702  
541 388 1969

I understand that it is important for my massage therapist to be aware of any and all of my existing physical conditions in order to provide the appropriate massage. I understand that my massage therapist can neither diagnose nor prescribe for illness, disease or any other physical or emotional disorder.

I agree to communicate with my massage therapist if at any time I feel that my well-being or safety is being compromised.

Information pertinent to me will not be released or shared without my written consent.

### Cancellation Policy:

This time has been reserved just for you, and a missed appointment is a loss to everyone. Cancellation without a 24hr. notice may be charged in full for the missed session, or may be deducted from the remaining massages in your package.

In the unfortunate event that my insurance company denies payment or makes a partial payment, I agree to pay the balance.

I have read and agree to these terms.

Signed: \_\_\_\_\_

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