

# Anthony Lane Hinkle, LMT

## Client Policies

Hygiene: Clients should prepare for the session by arriving “reasonably” fresh and clean. In other words coming in for a session just after mowing the yard or running 10 miles is not appropriate for a session. In warmer months, please do not wear flip-flops or sandals to a session as this footwear will carry debris and bacteria into your session.

Client Initial: \_\_\_\_\_

Medical: Each client will provide accurate health information including recent illnesses, accidents, surgeries and additions or changes in medication – including over the counter medications and supplements. Clients understand that all information provided is strictly confidential, and is necessary for their safety and the safety of the practitioner.

Client Initial: \_\_\_\_\_

Intoxication and Inappropriate Behavior: Clients under the influence of alcohol, non-prescription narcotics and certain prescription narcotics such as high dose pain medications will not be seen by the practitioner and the session will need to be re-scheduled. Any illicit or sexually suggestive remarks or advances made by the client will result in immediate termination of the session, and client will be liable for full payment of the scheduled appointment. Both client and practitioner have the right to terminate session if either becomes uncomfortable.

Client Initial: \_\_\_\_\_

Appointments: Anthony schedules by appointment only. Same day appointment may be possible depending on availability. Once an appointment is scheduled, the client is responsible for payment of session.

Client Initial: \_\_\_\_\_

The Session: Each session will begin with 10-15 minutes of conversation to determine the direction and goals of the session. Clients choose to dress down to their level of comfort. Draping is always used for the comfort and safety of the client. Anthony uses all natural non-synthetic lotions. Music may be played or the session may be in silence.

Client Initial: \_\_\_\_\_

Communication: Clients understand that their email address will be added to the Tranquili-Chi Center's main email list and data base for the purposes of sending monthly newsletters and announcements. Your information is never traded or sold to a third party. Anthony communicates to clients via, phone, email and text based on client preferences. The best way to reach Anthony is email [anthony@tranquili-chi.com](mailto:anthony@tranquili-chi.com) or via phone at 443-540-7740.

Client Initial: \_\_\_\_\_

Rates: Current rates are published at [www.tranquili-chi.com](http://www.tranquili-chi.com) and may change without notice.

Client Initial: \_\_\_\_\_

Client Consent Statement:

I, \_\_\_\_\_, understand that this massage is not a replacement for medical care and that no diagnosis will be made. I understand that the massage / bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. I understand that if I experience any pain or discomfort during the session, I will immediately inform the practitioner / therapist so that the pressure / stroke may be adjusted to my level of comfort. I further understand that massage / 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 of which I am aware. I understand that massage / bodywork practitioners / therapists are not qualified to perform spinal or skeletal adjustments, diagnosis, prescribe, or treat any mental or physical illness, and that nothing said in the course of the session given should be construed as such. Because massage / bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner / therapist updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's / therapist's part should I fail to do so. I also understand 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 full payment of the scheduled appointment.

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Anthony Lane Hinkle, LMT: \_\_\_\_\_ Date: \_\_\_\_\_