

FLOAT

Client Information and Informed Consent Sheet

In order to serve you better and make the most of your session, please fill this form out PRIOR to attending your session. Thank you!



B
CC
TY

PLEASE PRINT

DATE: _____

Whom may we thank for referring you? _____

SECTION 1: CLIENT INFO

NAME _____ DOB _____ / _____ / _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

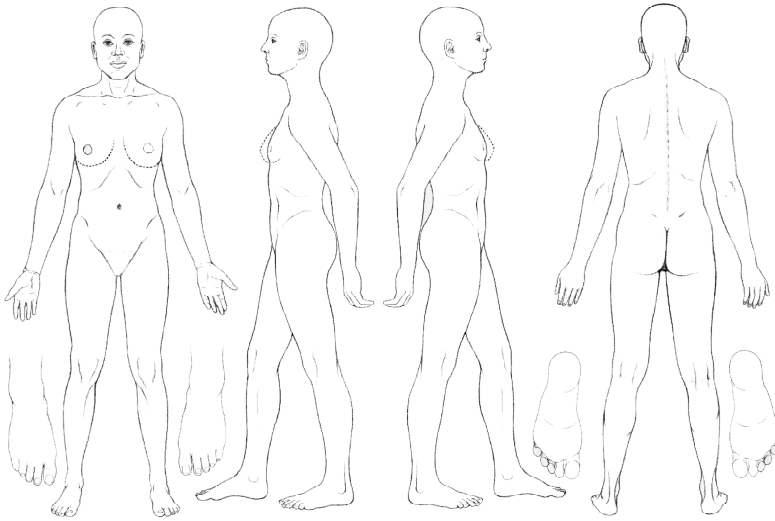
PHONE (home) _____ (work/cell) _____

EMAIL _____

(You will be added to the TaoMassage business list and receive periodic announcements, promotions, etc)

DO NOT ADD ME TO EMAIL LIST

SECTION 2 PRESENT CONDITION: Any physical issues we need to be aware of prior to floating?



SECTION 3: YOUR AGREEMENT WITH TAO

Please read the following statement carefully, then sign below.

👉 I attest that I am free of infectious skin diseases

👉 I attest that I do not suffer from medical or physical conditions which is affected by restricted environmental stimulation therapy (reduced mobility; epileptic)

👉 I attest that I am not under the influence of drugs or alcohol

👉 I understand that services received at TAO are not substitute for medical examinations and/or diagnosis and that it is recommended that I see a physician for any physical ailment I may have.

👉 I understand and have read the TAO office policy and understand that payment is due at the time of treatment. I agree to give 24 hours notice of cancellation of appointment. If less than 24 hours given I agree to pay for the missed scheduled session.

I have carefully read and understand all of the above and have completed this form fully and accurately.

CLIENT SIGNATURE _____ DATE _____