

Precautionary Coronavirus Liability Release Form

Due to the 2019-2021 outbreak of the novel Coronavirus, COVID-19, we are taking extra precautions with the intake of each client, health history review, as well as sanitation and disinfecting practices. Masks will be mandatory for this business and refusal to wear a mask will result in cancellation of appointments. Please complete the following and sign below.

Symptoms of COVID-19 include:

- Fever
- Fatigue
- Dry cough
- Difficulty breathing
- Loss of taste or smell

I, _____ agree to the following:

I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days.

I affirm that I, as well as all household members, have not been diagnosed with COVID 19 within the last 30 days.

I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the last 30 days.

I affirm that I, as well as all household members, have not traveled outside of the country, or to any city outside of our own that is or has been considered a “hot spot” for COVID-19 infections within the last 30 days.

I understand that this business, Dallas Health Coach and Linda Susanne Haces, LMT (the massage therapist) cannot be held liable for any exposure to the virus or any other contagion caused by misinformation on this form or the health history provided by each client.

By signing below I agree to each above statement and release (the massage therapist) Linda Susanne Haces, LMT and Dallas Health Coach business from any and all liability for the unintentional exposure or harm due to COVID-19.

Linda Susanne Haces, LMT agrees that they abide by these same standards and affirm the same. We also affirm that we have improved and expanded our sanitation protocols to more thoroughly fight the spread of COVID-19 and other communicable conditions.

Signature _____ Date _____

Policy Notification

Cancellation Policy

I understand that unanticipated events happen occasionally in everyone's life. In my desire to be effective and fair to all clients, the following policies are honored:

Single sessions ~ 1:1 appointments

48 hour advance notice is required when canceling an appointment. This allows the opportunity for someone else to schedule an appointment. If you are unable to give me 48 hours advance notice you will be charged the **full amount** of your appointment.

Pre-payment is required for all services.

No-shows

Anyone who either forgets or consciously chooses to forgo their appointment for whatever reason will be considered a "no-show." They will be charged for their "missed" appointment.

Late Arrivals

Please plan to arrive 10-15 minutes prior to your appointment time to allow time to fill out any required paperwork or answer any intake questions I may have. I understand that issues can arise that may cause you to be late for your appointment. However, I ask that you call to inform me if this ever occurs so I can do my best to accommodate you.

If you arrive late, your session may be shortened in order to accommodate others whose appointments follow yours. Depending upon how late you arrive, I will then determine if there is enough time remaining to start a treatment. Regardless of the length of the treatment actually given, you will be responsible for the "full" session. Out of respect and consideration to your therapist and other customers, please plan accordingly and be on time.

Inappropriate Behavior Policy

Massage therapy is for relaxation and therapeutic purposes only. There is absolutely no sexual component to a therapeutic massage whatsoever. Any insinuation, joke, gesture, conversation, or request otherwise will result in immediate termination of your session and a refusal of any and all services in the future. You will be charged the full service fee regardless of the length of your session. Depending on the behavior exhibited I may also file a report with the local authorities if necessary. Treat your therapist with respect and dignity and you will be treated the same in return.

By signing below, you agree to abide by these policies.

Client Signature

Date

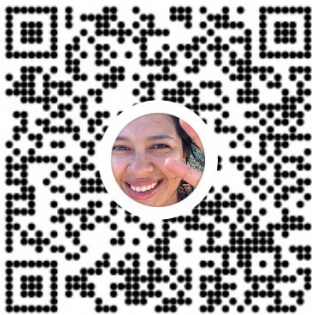
I look forward to serving you!

I accept Cash, Venmo, Cash App, Zelle, and Square (4% surcharge fee will be added for CC).

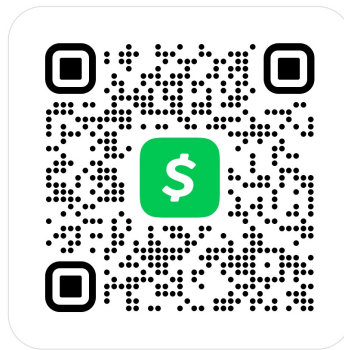
Susanne Haces

@Susanne-Haces

Scan to pay with Cash App



venmo



Linda Susanne Haces

\$LindaSusanneHaces



**Linda Susanne Haces
214-893-2994**

Scan QR code for payment

Massage Intake Form

Personal Information

Name _____ Phone (day) _____ (evening) _____
Address _____ City/State/Zip _____ DOB _____
Occupation _____ Employer _____
Email _____ Primary Physician _____
Emergency Contact _____ Relationship _____ Phone _____
How did you hear about us? _____

Medical Information

Are you taking any medications? yes no
If yes, please list name and use: _____

Are you currently pregnant? yes no
If yes, how far along? _____
Any high risk factors? _____

Do you suffer from chronic pain? yes no
If yes, please explain _____
What makes it better? _____

What makes it worse? _____

Have you had any orthopedic injuries? yes no
If yes, please list: _____

Please indicate any of the following that apply to you.

- | | |
|--|---|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Heart Attack |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney Dysfunction |
| <input type="checkbox"/> Joint Replacement(s) | <input type="checkbox"/> Blood Clots |
| <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Numbness |
| <input type="checkbox"/> Neuropathy | <input type="checkbox"/> Sprains or Strains |

Explain any conditions you have marked above:

Massage Information

Have you had a professional massage before? yes no

What type of massage are you seeking?

- Relaxation Therapeutic/Deep Tissue

Other _____

What pressure do you prefer?

- Light Medium Deep

Do you have any allergies or sensitivities? yes no

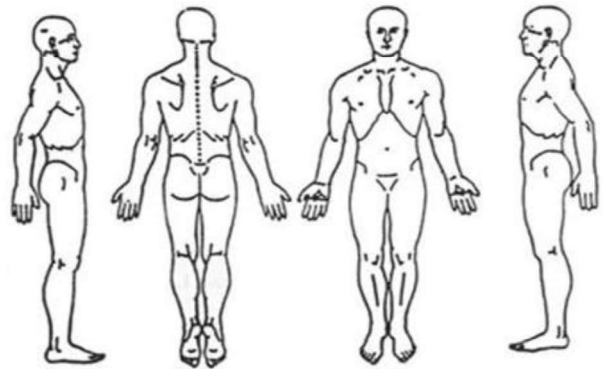
Please explain _____

Are there any areas (feet, face, abdomen, etc.) you do not want massaged? yes no

Please explain _____

What are your goals for this treatment session?

Please circle any areas of discomfort



By signing below you agree to the following.

I have completed this form to the best of my ability and knowledge and agree to inform my therapist if any of the above information changes at any time.

Client Signature _____ Date _____

Therapist Signature _____ Date _____