

Watsu® session at private pool \$160.00

Sessions only available within a 10 mile radius of 75214.

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:

Pre-payment of \$160 is required to book a session. Additional fee for paid parking, hotel valet, etc.

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 will be returned in full if session is cancelled before 48 hours. If paying by CC minus 3% surcharge fee. After 48 hours no refund of payment.

Late Arrivals

I arrive on location 15-20 mins before your scheduled session time.

Please plan to be ready for your session 15 mins before entering the pool. This will allow time to fill out any required paperwork or answer any intake questions I may have. **If you arrive late, even at your own home (or even at your own pool), your session will be shortened in order to accommodate other appointments that follow yours.** Depending upon how late you arrive, I will then determine if there is enough time remaining to start a session. Out of respect and consideration to your therapist and other customers, **please** plan accordingly and be on time.

Inappropriate Behavior Policy

Watsu® hydrotherapy is for relaxation and therapeutic purposes only. There is absolutely no sexual component to a therapeutic hydrotherapy session 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. You are being treated with respect and dignity so please respect your therapist in the same manner.

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 (3% surcharge fee will be added for CC).

Susanne Haces

@Susanne-Haces



venmo

Scan to pay with Cash App



Linda Susanne Haces

\$LindaSusanneHaces

214-893-2994



zelle



Square

Scan QR code for payment

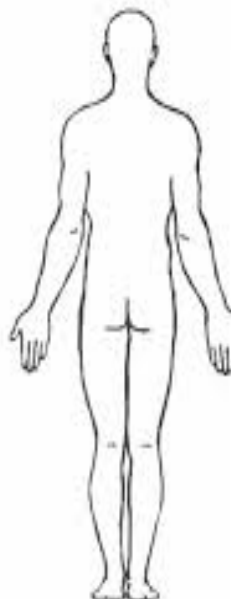
Watsu® Client Intake Questionnaire/Intake form

Full Name: _____ Phone: _____ DOB: _____
Address: _____ City _____ State _____ Zip _____
Email _____ Occupation _____
Emergency contact name and phone number: _____
Physician's Name: _____ Phone number: _____
Referred by: _____

1. What is the main reason for your visit?
2. What are your expectations for this session?
3. Have you ever had Watsu before?
4. Please list any health concerns you may have or are currently being treated for?
5. Do you see any other practitioner for this issue?
6. Have you had any surgeries? What were the surgeries?
7. Please list any current medications
8. How comfortable are you in water?
9. Do you do any type of regular exercise? If so, please describe
10. Circle your pain/discomfort? Please list it in a scale of 1-10 (10 being unbearable)

11. Do you have any of the following?

- Open wounds/rashes/skin conditions _____
- Diabetes _____
- Seizures _____
- Any heart/circulatory condition _____
- Any respiratory/lung condition _____
- High/low blood pressure _____
- Ear problems _____
- Any loss of sensation/numbness _____
- Any infectious disease _____
- Chlorine sensitivity _____
- Heat sensitivity _____
- Dizziness or motion sickness _____
- Traumatic Brain Injury/Concussion _____
- Traumatic Vehicle Accident _____
- PTSD _____



12. Are you pregnant? If so, when is your EDD?

13. Do you have certain movements or activities that are limited? Please explain.

14. Are there any movements or positions that increase your symptoms?

15. Are there any movements or positions that decrease your symptoms?

16. Is there any part of your body that is sensitive to touch, massage or stretching?

17. What is your pressure preference? Please circle:

Light

Medium

Firm

18. Is there anything else you would like to share about yourself, your condition, your specific problems or needs?

***Feel free to wiggle or adjust your head and neck so you are in the best possible position at all times. Tell your practitioner if you need more or less pressure with any massage or stretch. There will be periods of stillness and movement. If you wish more stillness at any time, tell your practitioner. If you are uncomfortable at anytime, tell your practitioner so that your position can be adjusted.**

If you wish to stop the session for any reason, please tell your practitioner.

- I understand that WATSU/Aquatic therapy is provided for stress reduction, relaxation, relief from muscular tension, and improvement of circulation and energy flow.
- If I experience pain or discomfort during the session, I will immediately inform my practitioner so that the session can be adjusted to my level of comfort. I will not hold my practitioner responsible for any pain or discomfort I experience during or after the session.
- I understand that the services offered today are not a substitute for medical care. I understand that my practitioner is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness.
- I affirm that I have notified my practitioner of all known medical conditions and injuries.
- I agree to inform the practitioner of any changes in my health and medical condition. I understand that there shall be no liability on the practitioner's part should I forget to do so.

- I understand that Watsu® massage is entirely therapeutic and non-sexual in nature.
- By signing this release, I hereby waive and release my Watsu practitioner Susanne Haces from any and all liability, past, present, and future relating to massage therapy and bodywork.

Signature_____Date_____