

Watsu® session with a pool rental \$175.00/\$185.00 (single individual session only)

Groups of 2-3 require their own pool rental*

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:

I have a strict cancelation policy as I rent pools through the Simply app, and each homeowner has their own cancelation policy. **Renting a pool for 1.5 hours for a single session is non refundable.** Having the pool heated is an additional expense to renting the pool by the hour, and the homeowner has to do this in advance. This is an additional fee of \$55-\$80.

Pre-payment of \$175 or \$185 is required to book session time. This includes my Watsu service and the pool rental fee. There is a \$10 (\$185) pool rental increase for Fri-Sun sessions.

Pool rental is non refundable at any time. Depending on pool availability it's \$40-\$70/hr. Pre-payment will be returned if session is cancelled before **48 hours** minus pool rental fee. If paying by CC minus 3% surcharge fee. After 48 hours no refund of payment.

Late Arrivals

Please plan to arrive 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 will be shortened as the pool rental time is not extended without a fee. I rent from private pool owners and extension of time may not work with their schedule or mine. **If time permits, pool rental extension of 30 minutes will be an additional Watsu service rate of \$80 and rental fee per the homeowners hourly rental rate due at time of service.** 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).

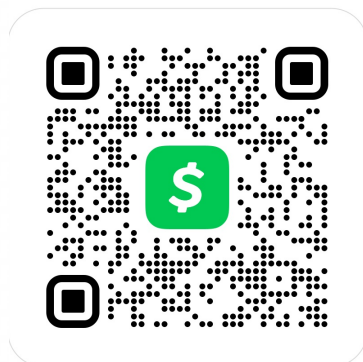
Susanne Haces

@Susanne-Haces



venmo

Scan to pay with Cash App



Linda Susanne Haces

\$LindaSusanneHaces

214-893-2994



zelle

\$175



\$185



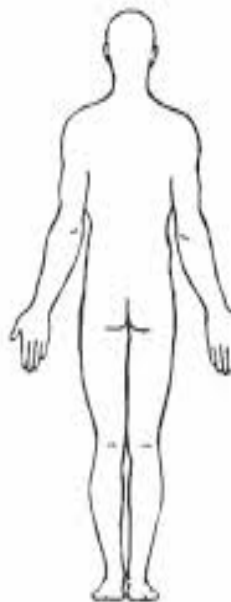
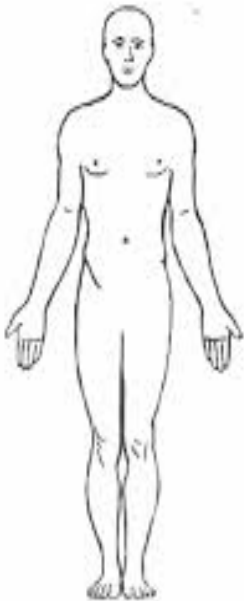
zelle **Square**

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_____