QMT
QUINTE MASSAGE THERAPY

Quinte Massage Therapy • Bay View Mall
470 Dundas Street East Unit 50 | Belleville ON K8N 1G1
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Informed Consent to Massage Therapy
I request the performance of massage therapy and other related modalities on me by a registered Massage Therapist. I have had the opportunity to discuss the nature and purpose to the treatment with my Massage Therapist and understand that the results are not guaranteed.

I understand and I am informed that, as with all health care, in the practice of massage therapy there are some very slight risks to treatment including, but not limited to; activation of myofascial trigger points, light bruising, general soreness and stiffness the following day. I do not expect the Massage Therapist to anticipate and explain all risks and complications. I wish to rely on the Massage Therapist to exercise judgment during the course of the treatment and believe that it will be performed in my best interest.

I have read or have had read to me the above consent. I have also had the opportunity to ask questions about its content. By signing below, I agree to the performance of massage therapy and other related modalities. I intend this consent to cover the entire course of the treatment for my present condition and for any further condition(s) for which I seek treatment.

Consent for the Cost of Services
I understand that I am responsible to pay the fees for massage therapy I receive at each session. Fees are due at the end of your appointment once services have been rendered. If your treatment is billed as an insurance claim and your claim is denied, you will be responsible for payment for all services rendered. The fees for massage therapy treatment are:

30 minute session $60
45 minute session $80
60 minute session $95
75 minute session $120
90 minute session $145

Please ask us about direct billing to your extended health care provider.
We accept Cash, Cheque or Email Money Transfer

All prices include HST
We accept cash or cheque

If you are unable to keep your appointment time, 24 hours notification is required, otherwise 50% for your scheduled time fee will be charged to you.

Name: _____ Date: _____

Signature: _____

Witness: _____