



Name:	Address:
Email:	Birthday:
Phone number:	Occupation:
Current Medical Conditions/Illness:	Current Medication:
Allergies/Reactions	How did you hear about us?
Do you suffer from (please tick): Headaches ____ Back/Neck Pain ____	Anxiety____ Dizziness____ Numbness/Tingling____

It is my choice as a client, to receive massage therapy, myotherapy, beauty therapy, reiki or healing & treatments (inclusive of dry needling, cupping, use of essential oils, massage creams and balms, hot stone massage and ear candling) with Katie Conway, Belinda Tran, Adrianna Kascha, Angela Crozier, Kenedi Steele, Ashleigh Worsley or any other practitioner working from Akoya Health and Wellbeing. I understand that bodywork, Reiki (or healing) and massage therapy performed here is for the purpose of stress reduction, relief from muscular tension or spasm and increasing circulation. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that pressure may be adjusted to my level of comfort. I understand that exercises or recommendations given are general advice, and if suggested will be checked with my general practitioner before commencing. I understand that therapists do not diagnose illness, disease or any other physical or mental disorder; nor do they prescribe medical treatment of any kind. I acknowledge that massage or reiki are not a substitute for medical examination, diagnosis or treatment, and that it is recommended that I see a physician for these services. **Because massage/reiki/healing/ear candling should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and have answered all questions honestly. I agree to take it upon myself to keep the therapist updated on my health and wellbeing and I understand that there shall be no liability on the practitioner's part should I fail to do so.**

**By signing this agreement, I acknowledge that I agree to comply with Akoya's cancellation policy of the requirement for at least 24 hours notice if I need to change, cancel or if I do not arrive for my appointment. If I do not meet this requirement, 100% of treatment cost cancellation fee will be payable immediately before rebooking (or will be deducted from gift voucher)**

Full Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_