Lisa Carlson's Radiant Health Therapies, LLC
15 Tanguay Avenue, Suite #114
Nashua, NH, 03063
603-546-8742

Office Policies

Client Information

Client Name: _____ Date: _____ Date of Birth: _____

Please be advised of the policies for this office. Your signature below signifies acceptance of these policies.

So that you know what you can expect before your session

Please arrive a few minutes before your session in order to do a quick check in before your session begins. If you do not feel well the day of your appointment, please contact me to reschedule.

1.) Please text me when you arrive for your appointment. You may wait either in your car or the waiting room outside of my office, until confirmed to come in.
2.) Masks are optional. Please reschedule your appointment if you have any signs of illness.

Cancellation

We understand that flexibility is needed due to unexpected events. We request that you notify us within 24 hours or as soon as possible if you need to reschedule for any reason, *most importantly, if you do not feel well*. No-showing for an appointment without any contact may result in a fee of $25.

Tardiness

We appreciate you being on time to your appointment and arriving a few minutes early for checking in to your appointment. If you are late for your appointment, you may not be able to have the full amount of time you were scheduled for due to required room cleaning and other scheduled client appointments.

Sickness

Infectious or contagious illnesses are contraindicated for massage therapy or bodywork.
Please cancel your appointment as soon as you are aware of an infectious or contagious condition. This includes active coughing, continuous sneezing, fever, chills, sudden skin rashes or suspicion of poison ivy. Feel free to contact me with any questions if uncertain.

Financial Responsibility

Your signature below confirms your financial responsibility for all services provided and that you agree to pay a $25 dollar fee for a no-show fee before future appointments can be scheduled.

Release of Medical Records

If you are requesting the release of any of your information to be released to another party, for any reason, you will be required to fill out an authorization release form indicating to whom and what parts of your information you are authorizing release of.

Signature Patient/Guardian: _____Date:_____

Lisa Carlson, LMT, is a member of the (AMTA) American Massage Therapy Association