

Practitioner/Clinic name: Marie Carmel, Wholistic Paradigm

Office Policies

Telephone #: (302) 660-1612			
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.		
	Arrival		
	Please arrive 10-15 minutes prior to your scheduled appointment. This allows you the time to fill out the appropriate client forms (for new clients), make changes and prepare for your service. All treatment sessions have a specific time schedule and early arrival allows for a relaxed and unhurried experience. If late arrival is inevitable, your service may be shortened in order to keep on schedule and the original treatment time may be charged.  Cancellation		
	our therapy sessions are reserved exclusively for you. We value your business and time. Please respect ne office scheduling policies. Should you need to cancel or reschedule, please notify us at least 24 hours in dvance.		
	Payment		
	All services require a credit card on file in order to guarantee a reservation so please have your credit card ready when booking. Upon checkout, guests may choose their method of payment and are not obligated to use their credit card for payment.		
	Tardiness		
	Appointment times are as scheduled and cannot extend beyond the stated time to accommodate late arrivals. Please be on time for your appointment.  Sickness		
	Massage/bodywork is not appropriate care f appointment as soon as you are aware of an		
	Financial Responsibility		
	Clients are responsible for their balance.		
	Your signature below confirms your acknowl	edgment to Wholistic Paradigm F	Policy.

 Signature:
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