

AGREEMENT FORM

Between _____ (the therapist)

and _____ (the client)

of _____ (street, town)

The therapist agrees to provide the selected services including

(state the treatments) on the following terms:

1. The client agrees that the therapist and her assistant may enter the client's premises to give treatment.
2. The client agrees to obtain the advice and consent of her medical practitioner for the treatment prior to commencement if that is necessary.
3. The client agrees to advise the therapist of any relevant medical information which may be contraindicated to the treatment.
4. The client agrees that the therapist will not undertake any lifting, domestic assistance or nursing care.
5. The client agrees to supply her own clean linen (for hygiene reasons).
6. The client agrees that there will be no unreasonable interruptions during treatment, such as taking phone calls for long conversations, having visitors interrupt, wasting the therapist's time.
7. The client agrees to pay the therapist's specified costs at the time of consultation.
8. The client may cancel the agreement for services, but if notice of the cancellation is not given in reasonable time, the client agrees she will be liable for any travel expenses arising from the failure to cancel.
9. The client will nominate a relative or friend who will be responsible for expenses if the client is unable to make transactions or appointments.
10. The client agrees not to smoke prior to or during the treatment.

Signed _____ dated _____ (client)

Signed _____ dated _____ (therapist)

Signed _____ dated _____ (assistant)

AGREEMENT FORM

The therapist agrees to provide services of

(state the treatments) on the following basis:

1. The client/relative/trustee agrees to the advice and consent of the doctor/nurse in charge to the treatment prior to commencement if that is necessary.
2. The client/relative/trustee agrees to advise the therapist of any relevant medical information which may be contraindicated to treatment.
3. The client/relative/trustee agrees that the therapist will not undertake any lifting, domestic assistance or nursing care.
4. The client/relative/trustee will arrange to pay for treatment at the time of each visit.
5. The client/relative/trustee may cancel this agreement at any time with notice before the next visit. Expenses may be incurred if the therapist is not notified prior to the visit.

I _____ (client/relative/trustee) give consent
for _____ (name of client) of
_____ (nursing home) to have _____
(specify treatment) on a weekly/fortnightly/monthly basis.

Signed _____

dated _____ (client/relative/trustee)