

Practitioner/Clinic Name: \_\_\_\_\_

## Termination of Care

Contact Information: \_\_\_\_\_

Due to the inappropriate nature of either your language or actions, your practitioner found it necessary to terminate the session. Your immediate removal from the premises is requested. Future appointments will no longer be accepted unless otherwise notified. You will receive an invoice by mail requesting full payment for the appointment. A copy of this will be filed in your Health Record.

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

Practitioner Name: \_\_\_\_\_

Time: \_\_\_\_\_

Location of massage/bodywork session: \_\_\_\_\_

Description of events:

Were there any others present? \_\_\_\_\_

If so, who?

