

MASSAGE AND BODYWORK INFORMED CONSENT FORM

I, _____ (“Client”, please print), understand:

- That the relationship between the Client and Soteria Wellness, LLC (“Soteria”), including any licensed massage therapist or bodywork practitioner (collectively the “Practitioner”), is a confidential one and that all information provided by Client to Soteria and Practitioner will be kept confidential by all parties.
- That massage, bodywork, adjunctive therapies and complementary therapies, including but not limited to CranioSacral Therapy, Medicupping, Touch for Health (collectively the “Services”), provided by Practitioner is intended to enhance relaxation, reduce the physical and mental effects of stress and tension, and pain caused by muscle and other soft tissue tension or restrictions, increase range of motion, improve circulation, offer a positive experience of touch, and enhance mental and emotional well-being. Some Services may result in bruising.
- The general benefits, contradictions and treatment procedures of the Services. The Services are solely for therapeutic reasons. The Services, including any natural products (such as essential oils) are not a substitute for chiropractic care, mental health or medical treatment, medications. Soteria and Practitioner recommend that Client concurrently work with Client’s primary caregiver for any condition Client may have. Client acknowledges and understands that Soteria and Practitioner do not diagnose illness or disease, do not prescribe medications, and that chiropractic spinal adjustments are not part of Services. It may be necessary to obtain permission from Client’s healthcare provider to receive or continue Services.
- That the Services are a touch modality and may trigger strong emotional responses in Client. Client will immediately inform Soteria and Practitioner of any emotional or other responses. Soteria and Practitioner will respect the Client’s right to refuse, modify or terminate treatment, regardless of prior consent for such treatment. Client will inform Soteria and Practitioner of any discomfort during the Services, so that the Services may be adjusted or terminated.
- Client, Soteria and Practitioner shall each have the right to be free from any unwanted, harmful and/or offensive (physical or other) behavior. Soteria has the right to terminate any Service and refuse further treatment for inappropriate requests or suggestions of a sexual nature.
- That Client has informed Soteria and Practitioner of all known physical conditions, medical conditions, medications, and pertinent natural products including herbal remedies and supplements that may impact sensitivity to pain/pressure or blood clotting, and Client will keep Soteria and Practitioner updated on any changes that occur. That the extent I have chosen not to provide information about my health to my Practitioner, I understand and acknowledge I am receiving services at my own risk and release Soteria of any liability.

By signing below, Client hereby grants Client’s informed consent to receive Services as set forth under this Informed Consent.

Client Signature:

Date:

Consent to Treatment of Minor/Dependent

By my signature, I hereby authorize Soteria to administer services to my child or dependent as it deems necessary for the purposes listed above.

Parent/Guardian Signature: _____

Date: _____

Consent to Treat During Pregnancy

Due Date: _____

Is this your first pregnancy? _____

Doctor/Midwife: _____

Phone: _____

Do you have your provider's approval to receive massage? _____

Please answer the following by circling Yes or No as appropriate for each question:

- YES NO Have you had any recent morning sickness, vomiting, diarrhea, or fever?
YES NO Have you noticed a reduction in fetal movement during the past 24 hours?
YES NO Have you had excessive swelling in your arms, legs, hands, feet, or face?
YES NO Do you have poor circulation and/or varicose veins in your legs?
YES NO Have you been, or are you currently, inactive or placed on bed rest?
YES NO Have you experienced any vaginal bleeding or abnormal discharge in the last 24 hours?
YES NO I am having a normal, healthy pregnancy.

I have disclosed all medical conditions in writing, either on this form, or the Health History Form I have completed. I understand that services administered by Soteria Practitioner is not a substitute for prenatal medical treatment or counsel. To reduce my risk of any potential prenatal complications it is imperative that I consult my primary health care provider and/or midwife during my pregnancy. I request that my Practitioner at Soteria Wellness, LLC administer services for the purposes of stress reduction, relaxation, and relief of minor pregnancy discomforts.

Client Signature: _____ Date: _____

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