



CONSENT FOR TREATMENT

I, _____, understand that:
(Print Full Name)

(1) Integrated bodywork is considered an alternative therapy and is not a substitute for primary medical treatment. Beth Youngdoff does not diagnose or treat any condition, or prescribe, and nothing in our sessions should be construed as such.

(2) Integrated bodywork includes a variety of modalities, including acupressure, Ortho-Bionomy®, and Reiki, and my practitioner has informed me of her training and credentials in these methods. Focused attention and manual therapy will be given as agreed upon between my practitioner and myself. I have been given an opportunity to ask questions about these subjects, and to indicate any modality I do not wish to receive.

(3) As a client, I agree to provide complete and accurate health information and to update this information with my practitioner if any changes occur.

(4) I may be requested to bring a written referral from my primary care provider if I am receiving care or have a medical condition or symptom for which I take medication or receive periodic treatment or evaluation.

(5) I will be properly draped at all times for my warmth, sense of security, and modesty.

(6) I will immediately inform my practitioner of any unusual sensation or discomfort regarding my treatment or responses to treatment, so that the treatment can be adjusted to my level of comfort.

(7) My participation in all sessions is voluntary and I may choose to end my participation at any time. I understand that my safety and care is ultimately my responsibility.

(8) All consultations and sessions with my practitioner, and all information disclosed in such consultations and sessions, is confidential. No information will be shared without my written consent (or the consent of the parent/guardian if client is under the age of 18.)

(9) Beth Youngdoff is a member of the Association of Bodywork and Massage Professionals (ABMP) and the Society for Ortho-Bionomy Intl. (SOBI) and is bound by their respective Codes of Ethics.

I hereby authorize Beth Youngdoff to provide me with integrated bodywork.

Client Signature: _____ Date: _____

Practitioner: _____ Date: _____
Beth Youngdoff, CMT, Reiki Master, Member ABMP, SOBI