

Loving Corrections

with Carianne Boucher OTR/L

Informed Consent for treatment

_____ I understand that Loving Corrections is an Integrative Therapy practice focusing primarily on pelvic floor and whole body health and wellness through the use of physical assessments, exercise, muscle re-education, manual therapy, mind/body modalities (yoga, guided imagery, pilates), essential oils and lifestyle education/coaching in the best interest of the client. Integrative therapy is personalized care that blends the best of conventional medicine with evidence-based complementary/integrative therapies.

_____ Taking time for an individualized approach insures that treatment plans are evidence-based, safe and custom-designed to meet the patient's needs and goals. It is important for you to know that the evidence base changes frequently for Integrative Therapy and that recommendations given to you are done with the evidence base available at that time for your particular condition, and that evidence and recommendations can change over time.

_____ I understand that Carianne Boucher with Loving Corrections has a Bachelor of Science in Occupational therapy, Herman and Wallace Pelvic Rehab institute Level I (pelvic floor dysfunction certification), Herman and Wallace pilates for the pelvic floor certification, Lynn Schulte's Holistic Treatment of the Post Partum Body, Jenny Burrell's Advanced Postpartum and is practicing as a Holistic Pelvic Wellness practitioner.

_____ An integrative therapy visit may include, but is not limited to, the following: Individualized lifestyle and nutrition recommendations, physical examination, patient specific exercise and functional movement program, manual therapy, kinesio-taping, essential oil modalities, guided imagery/meditation, and referral to other therapeutic providers for care not provided by Loving Corrections.

_____ I understand a consultation by Carianne Boucher may include recommendations for various treatments as above, that evidence and recommendations may change over time, and that recommendations may also change as my individual medical condition and/or treatments change.

_____ I understand that I have the right to choose which recommendations to incorporate into my treatment plan and that I should always communicate any new treatments, including vitamins/herbs/supplements to my entire healthcare team.

_____ I understand that Loving Corrections implies no guarantee of services concerning the results intended from any treatment and/or recommendations provided to me, that I have the right to choose my treatment plan and that I may refuse any or all treatment suggestions at any time.

_____ I understand that not following the entire protocol recommended to me may affect the results of my treat plan and that I may not achieve the stated goals if the protocol is not followed.

_____ I acknowledge that I have not been asked to stop/discontinue care provided by my specialty or primary care medical teams.

_____ I understand that this is a fee for service practice and Initial consultations may be up to \$120.00 and payment is expected at the time of service.

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_____ I understand that integrative therapy information, data are constantly updated as new information becomes available and that Carianne Boucher may not be able to anticipate and explain all potential risks and complications due to the ever-changing nature of the field. I agree to allow Carianne Boucher to exercise her best clinical judgment in my case based on the information available at my time of visit.

_____ I understand all the facts given to me in this form. I give my consent to Carianne Boucher to provide Integrative therapy initial consultation/evaluation and follow up services for me. I acknowledge that no guarantee of services have been made to me concerning the results intended from any treatment and/or recommendations provided to me. I attest with my signature below that Carianne Boucher has discussed all the information on this form, that I have had the chance to ask questions and that all of my questions have been answered.

_____ I acknowledge that Loving Corrections has a 24 hour cancellation policy. If it is necessary to cancel my appointment, I will do so with more than 24 hours' notice. I acknowledge and give my permission that on the third time I cancel within 24 hours, or do not show up for my appointment Loving corrections will charge my card the full amount of the scheduled visit.

Patient's Name (Please print) _____
Signature of patient: _____ Date: _____
Signature of Provider: _____ Date: _____