

## WRITTEN CONSENT FOR ASSESSMENT AND TREATMENT AREAS

Please feel free to let me know if there are any areas listed below that you would like excluded from a session before each appointment and then sign to give consent for the other areas of contact.

Print Name: \_\_\_\_\_

- Feet / ankles - right / left
- Lower legs - right / left
- Knees - right /left
- Upper legs (quadriceps / hamstrings) - right / left
- Hips - right / left
- Sacrum (base of spine)
- Ilium (*one side of the pelvis including ischial tuberosity or sit bone*) right / left  
(*I will clearly explain this contact when clinically indicated and get further consent*)
- Back - upper, middle, lower
- Abdomen
- Upper chest (*below collarbone not including the breasts*)
- Sides of ribcage - right / left
- Shoulders - right / left
- Upper arms - right / left
- Forearms - right / left
- Hands - right / left
- Neck
- Head
- Face and jaw

Any exclusions: \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

Any exclusions: \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

Any exclusions: \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

Any exclusions: \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

Any exclusions: \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

## WRITTEN CONSENT FOR ASSESSMENT AND TREATMENT AREAS

Please feel free to let me know if there are any areas listed below that you would like excluded from a session before each appointment and then sign to give consent for the other areas of contact.

Print Name: \_\_\_\_\_

- Feet / ankles - right / left
- Lower legs - right / left
- Knees - right /left
- Upper legs (quadriceps / hamstrings) - right / left
- Hips - right / left
- Sacrum (base of spine)
- Ilium (*one side of the pelvis including ischial tuberosity or sit bone*) right / left  
(*I will clearly explain this contact when clinically indicated and get further consent*)
- Back - upper, middle, lower
- Abdomen
- Upper chest (*below collarbone not including the breasts*)
- Sides of ribcage - right / left
- Shoulders - right / left
- Upper arms - right / left
- Forearms - right / left
- Hands - right / left
- Neck
- Head
- Face and jaw

Any exclusions: \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

Any exclusions: \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

Any exclusions: \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

Any exclusions: \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

Any exclusions: \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_