

INFORMED WRITTEN CONSENT FOR ASSESSMENT AND TREATMENT

Please review and sign this form before each session.

I confirm that on the following dates, I _____(print name) have given Nicola Usher RMT consent to include the following areas during a bodywork session:

Please circle the areas below that you are comfortable having contact feeling free to include or exclude any area. If your choice includes all of the areas listed please check this box

Feet - Right / Left Ankles - Right / Left Lower Legs - Right / Left Knees - Right / Left

Hips - Right / Left Sacrum (base of spine) Low Back Middle Back Upper Back

Lower Abdomen Respiratory Diaphragm Area (Upper Abdomen)

Upper Chest (below collarbone **not** including the breasts) Shoulders - Right / Left

Upper Arms - Right / Left Forearms - Right / Left Hands - Right / Left Neck
Head

I understand that I have the right to ask questions, that I can request to alter or stop the treatment at any time, and that I can withdraw this consent at any time.

Client Signature:_____Date:_____

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