

MANUAL OSTEOPATHY INFORMED CONSENT

I understand that the Manual Osteopathic Therapist is providing Manual Osteopathic Therapy services within their scope of practice. I hereby consent for my therapist to treat me with Manual Osteopathic Therapy for the above noted purposes including such assessments, examination, and techniques, which may be recommended, by my therapist.

I acknowledge and understand that the therapist must be fully aware of my existing medical conditions. I have completed my medical history form as provided by my therapist and disclosed to the therapist all of those medical conditions affecting me. It is my responsibility to keep the Manual Osteopathic Therapist updated on my medical history. The information I have provided is true and complete to the best of my knowledge.

I have read the above noted consent and I have had the opportunity to question the contents and my therapy. By signing this form, I confirm my consent to treatment and intent to consent to cover the treatment discussed with me and such additional treatment as proposed by my therapist from time to time, to deal with my physical condition and for which I have sought treatment. I understand that at any time I may withdraw my consent and treatment will be stopped.

Cancellation requires 24 hours prior to the appointment, otherwise, there will be a \$75 fee charged

I authorize and consent my therapist to use the information pertaining to my condition(s), and/or treatment plan for a case study. Yes _____ No _____

Client Name _____

Signature of Client _____

Date _____