

Patient's Consent Form

Manual Therapy (including Manual Osteopathy, Massage Therapy, and other hands-on modalities) are widely recognized as one of the safest, drug-free, non-invasive therapies available for the treatment of neuromusculoskeletal and joints complaints. Although Manual Therapy has an excellent safety record, no health treatment is completely free of potential adverse effects. The risks associated with Manual Therapy, however, are very small. Many patients feel immediate relief following a Manual Therapy treatment, but some may experience mild soreness or aching, just as they do after some forms of exercise. Current literature shows that minor discomfort or soreness following Manual Therapy typically fades within 24 hours.

INFORMED CONSENT TO MANUAL THERAPY CARE:

I hereby request and consent to the performance of Manual Therapy, including Manual Osteopathy, Visceral Mobilization, Massage Therapy/Soft Tissue Mobilization, Acupressure, Stretching, and Instrument Assisted Soft Tissue Mobilization, by Christopher (Chris) Melmoth. I have had the opportunity to discuss with this practitioner about any questions or concerns that I have regarding my condition and any forms of therapy to be administered. I understand that the results are not guaranteed. I understand and am informed that, as in all health care, there are some very slight risks to treatment, including but not limited to, muscle aches and soreness, nausea, and/or headaches, following treatment. I do not expect this practitioner to anticipate and explain all risks and complications, and I wish to rely on this practitioner to exercise his judgment. I understand that all procedures are in my best interests.

I understand the application and process of Manual Therapy, and authorize Christopher (Chris) Melmoth to perform Manual Therapy on me, or my child. I may not hold this practitioner liable for any accidents or injuries that may occur as a result of my own negligence, including the withholding of any relative health information. I also understand that Manual Therapists, including Osteopathic Manual Practitioners, Massage Therapists, and Shiatsu Specialists, are not doctors, and this work is in no way intended to diagnose, treat, or replace the care of a licensed medical doctor. I have been informed that bruising, sore muscles, headache, and/or ill feelings are rare but can occur after treatment due to increased circulation of metabolic waste products & chemical irritants. I am encouraged to rest and drink plenty of water after the session to help prevent or minimize this unpleasantness.

I have read the above consent, and also had the opportunity to ask questions about its content, and by signing below, I agree to the above-named procedures. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

Patient's Name: _____

Parent or Guardian's Name: _____

Patient's Signature: _____

Parent or Guardian's Signature: _____

Date: _____