



CLIENT CONSENT FORM FOR MANUAL OSTEOPATHY

Manual osteopathy is widely recognized as one of the safest drug-free, non-invasive therapies available for the treatment of neuromusculoskeletal and joint complaints.

Treatments may include manual therapies where the health practitioner places his hands on your body.

Although manual osteopathy has an excellent safety record, no health treatment is completely free of potential adverse effects. The risks associated with manual osteopathy, however, are minimal. Many patients feel immediate relief following manual osteopathy treatment, but some may experience mild soreness or aching, just as they do after some form of exercises or massage. Current literature shows that minor discomfort or soreness following soft tissue therapy typically fades within 24hours.

Many techniques will involve contact between your body and the practitioner's body. Body and hand contact may include areas of your chest wall, pelvic floor, and pubic bones. If intraoral is required (work inside the mouth) disposable latex or vinyl gloves will be worn.

At times, the practitioner may ask you to remove some items of clothing in order to facilitate assessment/treatment. If you do not feel comfortable with any part of the treatment, please inform your practitioner immediately. The techniques can be discontinued or modified as per consent.

____ I have informed the Osteopath of all my known physical conditions, mental conditions, and medications and I will keep the practitioner updated on any changes.

____ I understand that there are possible risks and benefits of osteopathy and that they have been explained to me regarding my individual treatment plan and accept responsibility of informing my practitioner if I do not understand any aspect of the risks and benefits.

____ I understand that osteopathy is not a substitute for medical treatment and / or medications and that it is recommended that I work concurrently with my primary caregiver for any conditions I have. I am aware that diagnosing conditions is not part of the osteopath's scope of practice.

____ I am aware and agree to the fee schedule as presented by Newleaf Total Wellness Centre.

____ I am aware that all information provided to the clinic is strictly confidential and will not be released without written consent except where required by law. I also give consent for other practitioners at Newleaf who are part of my treatment plan, to share my client records with each other for the purpose of effective treatment and that only the practitioners that I have seen will have access to my records.

Date: _____ Print Name: _____ Signature: _____