Consent to Osteopathy:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | Date of birth: |  | M |  |
|  | | | | | | F |  |
| I, |  | | of my own free will, consent to be treated for the following | | | | |
| condition: | |  | | | | | |

I acknowledge that my osteopath has provided me with such information as is pertinent to the treatment for above listed complaint. Alternative courses of treatment (where applicable and relevant) have been explained to me, as well as the possible benefits, risks, and side effects, if any, with regard to my osteopath’s proposed treatment plan.

I feel that I fully understand what is involved in the proposed treatment and what the possible consequences of not having treatment may be.

I acknowledge that, for the purpose of integrated osteopathy, the following areas may be addressed during the course of treatment: head, neck & shoulders, upper chest, arms, back & hip, abdomen, buttocks, legs, hands & feet (breasts are excluded unless specifically indicated for clinical reasons, in which case a separate consent form will be discussed & signed).

These are the areas of my body that I give permission to be addressed during the course of a osteopathy treatment: (please indicate your choices)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | head |  | Neck/shoulders |  | upper chest | | |  | arms | |  | back/hips |
|  | abdomen |  | buttocks |  | legs |  | hands/feet | | |  | | all of the above |

I understand that I may change my mind regarding any aspect of my treatment at any time, and, upon informing my osteopath of my decision, I may withdraw consent with the Intent to alter or discontinue treatment.

In compliance with the “Consent to Treatment Act”, I provide my full, voluntary, informed consent to treatment.

|  |  |
| --- | --- |
| Client signature: |  |

|  |  |
| --- | --- |
| Osteopath name: |  |

|  |  |
| --- | --- |
| Date: |  |