

Consent to Treatment

I understand that shiatsu and Reiki are hands on forms of Japanese body therapy and is being used for stress relief and relaxation during my treatments.

I understand that during my treatment, the therapist will be applying comfortable pressure with fingers, thumbs, palms, elbows and knees to general parts of the body. The therapist will not touch obvious private areas. I will be clothed during my treatment (except during moxabustion and cupping in local areas) and am aware that it is common (during shiatsu) to be treated in the areas of lower abdominals, inner thigh, buttock, sacrum and upper chest.

I understand that at anytime during my treatment, I have the right to stop treatment for any reason whatsoever.

I understand that shiatsu and reiki, does not in any way, replace professional medical advice or treatment from a doctor or a licensed professional.

I will seek medical treatment from a Doctor if I feel ill or have any unknown pain and discomfort that I am experiencing in my body.

I understand that my shiatsu/ reiki treatment is confidential and that any information shared with the therapist will be treated as confidential and my privacy respected.

I understand that persons wanting a shiatsu and/or reiki treatment who are under age of 16 must have parental or guardian consent. Parents and guardians may be present during the treatment.

The therapist has discussed with me what to expect during the treatment and possible treatment reactions.

I understand that by signing this form, I am giving written consent to have a shiatsu and/or reiki treatment.

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CLIENT SIGNATURE

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DATE OF TREATMENT