



Jason R. Hookey B.A., C.S.T.

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Client Consent Form

The purpose of this form is to receive from you, the client, your informed consent to treatment.

Please state the condition for which you are seeking treatment: _____

Please check all boxes that apply: (If you are, have had, or suffer from any of the following conditions)

- pregnant or there is any possibility of pregnancy
- night sweats
- increase or decrease in weight in the last year
- diagnosed with epilepsy or have had any seizures in the past
- immuno-compromised (from illness or drug treatment)
- had surgery or serious injury within the last 6 months
- diagnosed with or suspected of having cancer
- varicose veins
- have a contagious or communicable disease

Please read each section and feel free to ask any questions or for clarification of any point.

1. Shiatsu Therapy can help in the treatment of many health conditions, however, it is not a substitute for conventional medicine, medical examination or diagnosis. It is strongly recommended that you see a Primary Health Care Practitioner for that service. Shiatsu is an adjunctive and preventative health care service.
2. The degree of success is dependent upon each individual's characteristics and the nature of their condition.
3. Part of the healing process may include common reactions that are not unusual and should last only for a short duration. Reactions may include a surge of energy, headache, muscular stiffness, tiredness or drowsiness, and bruising in those individuals with weak blood vessels. Please inform your therapist of treatment reactions. Communication is the key to your best treatment.
4. A series of treatments may be suggested or required, since relief from discomfort is sometimes temporary.
5. The client must state all medical conditions they are aware of and update the Shiatsu Therapist of all changes in health status in order that the treatments received will be safe for the client and will have the greatest benefits.
6. Shiatsu therapy treats the body as a whole, and therefore, the Shiatsu Therapist may, and usually does, work on the entire body during a session. This includes the hands, arms, feet, legs, abdomen, back, sacrum (tailbone), buttocks, neck, head and face.
7. Please inform the therapist if you are at all uncomfortable with any part of the treatment. Are there any "caution areas" or parts of the body that you do not want touched for whatever reason? (Overtly sexual/private areas of the body are NOT treatment areas.)

Please state: _____

8. Most importantly this treatment is for you. You must be willing to have it and take responsibility to tell your Shiatsu Therapist how you are reacting to the treatment. That is, how the pressure is, are you comfortable?, or "I want to stop the treatment now" etc. Please be aware it is your right to accept or refuse any of the treatment in whole or part at any time during the course of the treatment(s).

I, _____, understand the above and have questioned my Shiatsu Therapist, Jason R. Hookey, where needed in order to give informed consent to treatment.

Signature _____

Date _____

I, Jason R. Hookey B.A., C.S.T., have, to the best of my abilities, explained the nature of Shiatsu Therapy and have made sure that the above named client is able to give their informed consent to treatment.

Signature _____

Date _____