



## Letter of Informed Consent

**Clients Name:**

**Condition/s:**

I, (client's name) have chosen to consult with and hereby give my consent for treatment by Deborah Willimott who I understand is a qualified massage therapist and member of the Federation of Holistic Therapists. I understand that the massage therapist is providing massage therapy services within their scope of practice as defined by the FHT.

I hereby consent for Deborah Willimott to treat me with massage and/or MFR techniques for the above noted purposes including such assessments, examinations and techniques, which may be recommended, by my therapist.

I acknowledge that the therapist is not a physician and does not diagnose illness or disease or any other physical or mental disorder and I clearly understand that massage/MFR therapy is not a substitute for a medical examination.

It is recommended that I attend my GP for any ailments that I may be experiencing.

I acknowledge that no assurance or guarantee has been provided to me as to the results of the treatment. I acknowledge that with any treatment there can be risks and those risks have been explained to me and I assume those risks.

I acknowledge and understand that the therapist must be fully aware of my existing medical conditions. I have completed my medical history form as provided by my therapist as fully as I can and disclosed to the therapist all of those medical conditions affecting me. It is my responsibility to keep the therapist updated on my medical history. The information I have provided is true and complete to the best of my knowledge.

I have read the above fully and I have had the opportunity to question this and my therapy. By signing this form, I confirm my consent to treatment and intend this consent to cover the treatment discussed with me and such additional treatment as proposed by my therapist from time to time, to deal with my physical condition and for which I have sought treatment.

I have been made aware (where appropriate) by Deborah that I have :

\* Conditions that may require treatment near intimate areas (including but not limited to glutes/ pubic area/medial thigh/intra-oral work) and I have chosen to go ahead with treatment.

\* Conditions contradicted or that require a GPs' consent but I have chosen to go ahead with treatment.

To the best of my knowledge, the information I have given is true, and I have not withheld or fabricated any information concerning my health.

While I recognise that all due care will be taken by the therapist, I understand that I have the right to question procedures and receive an explanation of all treatments performed and refuse the right to treatment. I will tell the therapist about any discomfort or pain I may experience during the session and understand that the therapy may be adjusted or stopped accordingly.

**I am aware that my participation in the treatment is voluntary**

**Client Signature:**

**Date:**

**Therapists signature**

**Date:**