

DEIDRE COMEAU WELLNESS CLINIC INFORMED CONSENT FORM



I understand that the treatment that I receive at Deidre Comeau Wellness Clinic is performed by a Registered Massage Therapist (RMT) and is within the scope of their practice. This includes the assessment and treatment of soft tissue and joints, to develop, maintain and rehabilitate or augment physical function, or relieve pain. **If I experience any pain or discomfort during or after a treatment**, I will notify the therapist so that the treatment can be modified appropriately.

I acknowledge that during the time allotted for the massage treatment that assessment and homecare is included.

I understand that massage is not a substitute for medical treatment and that an RMT cannot diagnose illness or disease. I acknowledge that there is no guarantee to me as to the result of the treatment provided.

I understand that the massage therapist must be aware of any of my medical history and existing medical conditions because massage therapy is contraindicated for some conditions. I am also aware that it is my responsibility to keep my medical history up to date. I acknowledge that the RMT reserves the right to deny treatment to whom he/she believes to have a condition that is contraindicated for massage therapy.

I acknowledge during all treatments that I have the right to **stop or modify** the treatment being performed. I acknowledge that during each treatment that the area being treated will be the only area that is undraped.

I understand that all of the information that I have provided will remain confidential unless authorized by me to be passed on to a third party.

I understand and acknowledge that Deidre Comeau Wellness Clinic has a cancellation policy in which the following will apply: It is the responsibility of the patient to cancel any appointment that they will not be attending within **24 hours of that appointment** by phone, email or social media or they will be **charged the full price** of that treatment session and will not be able to book any more services until paid in full.

I have read all of the above information and will provide my signature below to indicate my acknowledgement and agreement to this.

Printed Name

Signature & Date

RMT Signature & Date