

DISCLAIMER/ INFORMED CONSENT

Please read carefully and only sign if you are in full agreement with its contents

I _____ confirm that I have understood the treatment that I am to receive and confirm that I am willing to proceed without confirmation from my own GP or Consultant.

Or

I _____ confirm that I have understood the treatment and given my medical history I would prefer to consult with my GP or Consultant prior to receiving the treatment.

You should note that if the student/therapist is unable to explain to you the contra indications or is unsure of anything that may apply to a specific condition then they should not treat you without asking you to consult with your GP or Consultant.

It is your responsibility and not that of the student/therapist to consult your GP or Consultant.

I hereby indemnify the student/therapist against any adverse reaction sustained as a result of the treatment.

Client Signature

Date

Student/Therapist Signature

Date