



**Holistic Healing Arts**

*Petula Jennings, RMO  
Reg. # RMO 01168*

### **Informed and Written Consent for Osteopathic Treatment**

I understand that the Osteopathic Manual Therapist is not a Physician, and that she is only providing osteopathic manual therapy within her scope of practice.

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I hereby give consent to my Osteopathic Manual Therapist, to treat me with Osteopathic Manual Therapy for the resulted conditions of my physical assessment; as is outlined in the questionnaire. \_\_\_\_\_

I understand that treatments include manual therapies, where the Osteopathic Manual Therapist places his/her hands on my body. Body and hand contact may Include: areas of the chest wall, pelvic floor, and pubic bones. If intraoral work is required, disposable latex or vinyl gloves will be worn. \_\_\_\_\_

I understand that the Osteopathic Manual Therapist may ask me to remove some item of clothing in order to facilitate accurate assessment and treatment, such as socks and or shoes. And, if I am not comfortable, with any part of the treatment, I can inform the Therapist, so that the techniques can be discontinued or modified to my comfort level. \_\_\_\_\_

I acknowledge that no insurance 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 that Osteopathic Manual Therapy may cause me to feel a bit sore and achy after treatment. I understand that these discomforts should ease within a few days, and that this occurs due to my body adjusting to the changes that may have been made through the manual therapy. I also understand that if my pain becomes significantly worse, and I am feeling concerned, that I can call my Osteopathic Manual Therapist. \_\_\_\_\_

I acknowledge and understand that the Osteopathic Manual Therapist must be fully informed of all my existing medical conditions. I have completed the medical history forms as provided by my Osteopathic Manual Therapist, and have disclosed all medical conditions. I understand that it is my responsibility to keep the Osteopathic Manual Therapist updated as to my medical history. The information that I have provided is true and complete, to the best of my knowledge. \_\_\_\_\_

### **Email Consent**

I hereby give my consent for Holistic Healing Arts to contact me via email on behalf of Petula Jennings, for the purposes of appointment reminders, as well as future activities.

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### **Private Policy**

I hereby authorize my Osteopathic Manual Therapist to release or obtain information pertaining to my medical condition(s) and/or treatment to/from my other healthcare providers or third party. \_\_\_\_\_

### **Financial Policy**

Manual Osteopathy is an unregistered profession and as such, some Osteopathic associations will not be recognized by all insurance companies. My Osteopathic association is NOT affiliated with the following: **Canada Life, Great West Life, London Life, and WRAM.**

### **Cancellation Policy**

Patients are required to provide 24 hours notice for any cancellation of an appointment. The clinic reserves the right to charge the full appointment fee for any cancellations without 24 hours notice.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_