

Informed Consent to Treatment

The purpose of this form is to present some possible risks and benefits of treatments offered by Populace Wellness. The risks and complications listed below have a small chance of occurring. It is the commitment of this wellness practice to inform you of them. After this form is signed, our future consent and intakes will be verbal instead of written.

HERBAL COUNSEL

Herbal counsel is given freely. I will listen and respond to: your stated medical diagnosis, symptoms, and signs of your stated concern, as they relate to my training. I enjoy research and current education, and so am open to discussing techniques you may be interested in. However, I will offer recommendations for your wellness as it relates to my current training. Advice about exercise, postural adjustment, food balancing, and herbal supplementation are all included free in your visit.

TIME

Our sessions begin and end at a previously agreed upon time period (your appointment), which is one part in the cost of your treatment; to be paid in full at the time of purchase. I offer 4 weeks notice to you, for any of my own rescheduling or cancellation needs; excluding severe illness and emergencies. I offer a full refund for appointments that you cancel **with more than 24 hours notice**, and **no refund for appointments cancelled with less than 24 hours notice**. Also, "shortened appointments" will be charged as the full and originally committed length, unless more than 24 hours notice was given.

BOTANICALS & HERBAL SUPPLEMENTS

During your appointment, herbal supplements may be recommended. These are another part of the cost of your treatment, to be paid in full at the time of purchase. Some types of supplements I offer are: tincture, tea, liniment, salve, poultice, patches, honey paste, powder, capsules, syrup. In addition, some aromatherapy may be recommended or offered as: burnable dry plants, Essential Oils, Hydrotherapy or Nature Bathing. All supplementation is suggested with your wellness in mind, and is completely optional. Your treatment includes our agreement that you will only do the "homework" that feels appropriate, safe, healthy, supportive and lifestyle-compatible for you. I am available via appointment and email, during regular business hours, to discuss concerns you have regarding your "wellness homework". Please ask for clarification and seek treatment-related support with the above methods. If you have more urgent concerns, I recommend you see a medical doctor or in an emergency, call 911.

MASSAGE THERAPY

The goal of my applied massage therapies is to compress and stretch muscles gently but firmly, triggering their relaxation, at a speed your body can tolerate and integrate. This often improves circulation and increases mobility, and can decrease muscle pain and general tension. Pain is sometimes caused by repetitive stress injury/unsupportive postures/etc. Exercise or "strengthening homework" may be given. Some people experience lightheadedness, initial soreness, or even bruising after a massage; even nausea is possible. Mobility, circulation and pain relief are a more typical result. Massage Therapies are another part in the cost of your treatment, to be paid in full at the time of purchase.

Our agreement includes that you will always inform me if you experience any of these: change in symptoms, change in medications, change in diagnosis by other wellness and/or medical professionals and, if there is any chance of pregnancy; at any time during your care. If you would like more information on side effects or complications that could result from treatments recommended, please discuss these with me prior to treatment/product use/recommended exercises etc.

I, (print your name here): _____ have read and understand the above statements related to treatment with Populace Wellness, including possible risks and side effects. I also understand that no result, cure or lasting benefit is guaranteed. I understand my rights and responsibilities in this "client-to-practitioner" relationship. I have been given the opportunity to read this form and my questions are answered to my satisfaction. I hereby consent to the treatments above.

Client Signature (or Guardian, if client is a minor)

Relationship to Client (if not self)

Today's Date