



Consent for Bodywork

I, the undersigned, do hereby consent to the performance of bodywork by Kate White, including any of the following: Biodynamic Craniosacral Therapy, Massage Therapy, Aromatherapy, Hot Stone Therapy, Somatic Experiencing, and Prenatal, Birth and Attachment therapy.

I understand that the basic purposes of these therapies are the re-regulation of the body and the decrease of pain and discomfort. I also understand that if I experience any pain or discomfort during the session, I will immediately inform the practitioner.

I affirm that I have, to the best of my knowledge identified all known medical conditions. I have answered all questions honestly. I also understand that massage therapists do not diagnose or prescribe. Any information shared with me is educational in nature, and not meant to take the place of medical or psychotherapeutic consultation.

I understand that Kate cannot make any promises or guarantees with regard to specific medical challenges. Also, I agree to keep Kate updated as to any changes in my medical profile.

I understand that payment is due at the time services are rendered. If I need to change or cancel my appointment, I will do so with a minimum of 24 hours to avoid being charged for the session. No fee is required in cases of illness or emergency.

I give permission for information from my sessions to be used, keeping me anonymous, in Kate's personal supervision sessions, and educational material for her presentations.

_____ Home Phone: _____

Print Name

_____ Cell Phone: _____

Signature

_____ Email: _____

Date