

## THE TERMS AND CONDITIONS AND INFORMED CONSENT TO OSTEOPATHIC TREATMENT

Naturcare clinic offers various treatments such as Osteopathy, Acupuncture and Chinese herbs. Osteopathic treatment and Acupuncture will be performed by a qualified practitioner. The tailored herbal treatment will be prescribed by a TCM (Traditional Chinese Medicine) practitioner.

The osteopathic manipulation of the spine and other joints, muscles and other parts of the musculoskeletal system is an effective and safe method of treatment for a wide range of neuromusculoskeletal conditions. There are, however, risks associated with any treatments and we are required to inform you of these, even though there has never been a case in this clinic. In addition, when Acupuncture is needed, the osteopath will discuss with you. The Acupuncture may be performed by an osteopath. For more information of Osteopathy, please read the information sheet of osteopathy.

Please read the following carefully **and discuss any questions you may have with your treating practitioner. If you agree with the following, please sign and return this form to your treating practitioners.**

- I consent to receive osteopathic treatment on this occasion, but I understand that I can refuse treatment (or any part of treatment) now or in the future without jeopardising future treatment at this practice.
- I confirm that I have had the opportunity to discuss with the osteopath named below the nature and purpose of osteopathic manipulation and other osteopathic procedures. I understand that results are not guaranteed.
- I understand, and acknowledge that I have been informed that, in the practice of osteopathy, as in the practice of medicine, there are some very slight risks to treatment including, but not limited to, muscle and joint soreness, muscle strains, joint strains, fractures, disc injuries and strokes. I do not expect the osteopath named below to be able to anticipate and explain all of the risks and possible complications to me. I wish to rely on the osteopath treating me to exercise his or her judgment during the course of my treatment in such a manner and to the extent that he or she feels at the time, based on the facts then known, is in my best interests.
- I have read the above, and confirm that I have also had the opportunity to ask questions about its content. I intend this consent form to cover the entire course of treatment for my present condition, and for any other future condition(s) for which I seek treatment. I understand that I can withdraw my consent at any time in writing.

This clinic has a 24 hour cancellation policy that applies to all appointments. Failure to provide 24 hours notice when changing or cancelling appointment times and missed appointments will result in being charged the 50% of the full appointment fee. **Please understand that by not advising us that you cannot attend means that someone else who needs treatment may not be able to have it.** It is expected that you will pay for each appointment at the end of your session. At the end of your treatment, you may be required to fill in the patient feedback form.

Osteopath's Name \_\_\_\_\_

Patient's Name \_\_\_\_\_ Patient's Signature \_\_\_\_\_

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