

Transformative Touch Tampa | Face & Body Studio

Barry Engh, BA, LMT

MA77593 | MM35613

INFORMED CONSENT

I (print client name)_____understand that Structural Energetic Therapy (hereafter referred to as SET) is a therapeutic and rehabilitative therapy for musculoskeletal problems.

I understand that the SET Practitioner is highly trained in advanced SET Techniques and that SET treatment is unique, and is not like other massage treatments I may have had.

I understand that, due to its structural nature, it will be necessary for my structural alignment to be observed while standing with most of my body visible to the examiner.

I understand that the SET Practitioner will ask me to participate in the evaluation process by using structural observation, kinesiology, and an interview that may include questions about health history, current medications, and life style.

I agree to keep the SET Practitioner updated on any changes in the status of my health.

I agree to inform the SET Practitioner of any and all medication changes that occur throughout the duration of my SET treatments.

I understand that the optimum number of SET sessions will be determined by the SET Practitioner in order to achieve the rehabilitation goals based on my condition.

I understand that the SET Practitioner may at any point in the treatment, using his/her professional judgement, decide that I have reached my limit for that particular treatment.

I understand that it is my responsibility to communicate to the SET Practitioner if I feel I have reached the end of my tolerance for SET Therapy within any given session.

I give my permission to the SET Practitioner to move clothing aside when necessary in order to work on soft tissue that would usually be covered by a bathing suit (genitals will not be exposed and modesty will be respected). When the therapist explains the reason for working specific soft tissue, I agree to communicate to the therapist if it is NOT okay for the area to be either touched or exposed for treatment (such as hips, gluteals).

I understand that payment is due in full upon completion of the session unless other arrangements have been made.

I understand that if I do not cancel a scheduled appointment at least 24 hours in advance (barring emergencies) I am responsible for paying the full fee for that time.

Client Signature:_____Date:_____

Signature of parent/guardian if appropriate:_____