



Informed Consent

I _____ have received, read, and understand the policies and procedures of Shade of Green Healing. Rocky Sites/Amy Williams has informed me of his/her qualifications, the kind of services to be provided, the benefits, risks and the goals of the session(s) that we have agreed upon. I understand that I retain the right to withdraw my consent at any time during any session.

I _____ understand that massage services provided by Rocky Sites/Amy Williams are intended to promote relaxation and circulation, and relieve stress, muscle tension, spasms and related pain. I understand that the massage practitioner does not diagnose illness nor prescribe medical treatment or perform spinal manipulations.

I have informed the practitioner of my medical and physical condition and of medications I use, and I agree to update the practitioner of any changes in my health profile. I release the practitioner of any liability if I fail to do so.

I will use the pain scale and inform therapist immediately if I experience any discomfort or pain during a session, so necessary adjustments can be made to the treatment.

Short Term Goals

Long Term Goals

Expected Length of Sessions and Duration of Treatment

Client Signature _____ Date _____

Consent to treat a minor

I, the parent or legal guardian of (dependent's name) _____ authorize
Rocky Sites/Amy Wililams to provide treatments to my dependent or child.

Parent/Guardian signature _____ Date_____