

**Consent for Treatment**

**Camai Healing**

If I experience any pain or discomfort during this session, I will immediately inform this practitioner so that treatment may be adjusted to my level of comfort. I further understand that bodywork is not a substitute for medical examination, diagnosis, or treatment by a physician.

 I understand that bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such.

 Because massage should not be performed under certain medical conditions, I affirm that I have stated

all my known medical conditions, and answered all questions honestly.

 I agree to keep this practitioner updated as to any changes in my medical profile during the session and understand that there shall be no liability on the practitioner’s part should I fail to do so. Understanding all of this, I give my consent to receive care.

Signature of Client

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

Client Name ( Printed)

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