

Informed Consent for Massage Therapy Treatment

Massage therapy is a hands-on manipulation of the muscles, connective tissue, tendons, ligaments and joints of the body. It can be used as a preventative or restorative measure to help maintain, rehabilitate or improve physical function. It also aids in the relief of pain symptoms.

Registered Massage Therapists use a variety of techniques either alone or in combination to provide the most appropriate treatment for you. Treatments typically include Swedish massage, Hydrotherapy, Trigger Point Therapy, Myofascial Techniques, and Deep Tissue massage, Rhythmic Mobilization, Manual Lymphatic Drainage and Remedial Exercise.

Hydrotherapy refers to the use of hot and cold modalities applied to improve circulation and stimulate the healing process and immune system.

Trigger point therapy is the treatment of a hyperirritable spot within soft tissue. Trigger points are point tender and often exhibit a predictable pain referral pattern causing a shortening of the affected muscle.

Myofascial therapy is a technique that affects the connective tissues surrounding muscles and muscle groups as well as organs and other structures.

Deep tissue massage Deep tissue massage is a type of massage aimed at the deeper tissue structures of the muscle and fascia, also called connective tissue. Deep tissue massage uses many of the same movements and techniques as Swedish massage, but the pressure will generally be more intense. It is also a more focused type of massage, as the therapist works to release chronic muscle tension or knots

Rhythmic/Joint mobilization techniques range from non-specific to very specific movements of a joint to increase range of motion. This is not a chiropractic adjustment. This technique takes a joint to the limit of available motion and no further.

Manual lymphatic drainage is a light repetitive technique used to pump lymphatic fluid through the superficial lymphatic capillaries aiding in the relief of swelling and edema.

Remedial exercise uses a combination of active and passive exercises to restore and improve normal musculoskeletal health. These exercises are done in treatment or at home as a Home Care plan.

Basic Fee Schedule

Please note all fees for service are required at the time the service is rendered.

30 minutes	\$50.00
45 minutes	\$70.00
60 minutes	\$90.00
75 minutes	\$100.00
90 minutes	\$130.00

MVA

If you have been involved in a motor vehicle accident (MVA), please inform us immediately as there is additional documentation that needs to be filled out. Please note that if your claim is not approved, you will be responsible for paying all service fees.

Cancellation Policy

Our goal is to provide quality care in a timely manner. **In order to do so we have had to implement a 24 hour appointment cancellation policy.** This policy enables us to better utilize available appointments for patients in need of care. **If you are unable to attend an appointment please call 519-772-2116 to cancel.** If you do not reach the receptionist you may leave a detailed message on the voice mail system. Cancellations made via e-mail will not be accepted. **Late Cancellations and Misses Appointments will be subject to a missed appointment fee in the full amount of the appointment at the discretion of your massage therapist.**

If you arrive late for your appointment you are responsible for the total cost of the original appointment and will be given the remaining time scheduled for your treatment. If scheduling allows, an effort will be made to give you as much of your appointment time as possible.

Please remember, The Natural Way gives reminder calls/emails as a courtesy and we are not responsible for missed appointments if a reminder is not received or overlooked due to extenuating circumstances.

What to expect in a first visit

Your Massage Therapist will develop a case history, perform orthopedic testing as needed, and will help you to identify risk factors and make recommendations to help you optimize your physical well-being.

Even mild therapies have their complications; some therapies must be used with caution in certain disease or conditions. It is very important, therefore, that you inform your practitioner immediately of any disease or health condition that you suspect or are aware of, or if you are pregnant.

While in treatment you will be respectfully covered. Only the area of the body being treated will be uncovered to allow for the massage. Any risks or possible complications or side effects will be explained to you. Your Massage Therapist will ensure that your treatment is appropriate for your level of comfort and that treatment can be stopped at anytime by your request. If you have any questions feel free to ask your therapist before, during or after your treatment.

Together you and your RMT may develop a long term treatment plan based on your needs and concerns. You have no obligation to undergo every part of the treatment plan and the plan can be changed to better suit your needs at any time. This plan will include setting realistic goals, discussing possible responses to treatment and being informed of alternative health care options.

Risks

There are some risks, however rare, to Massage Therapy treatment. These include, but are not limited to:

- Aggravation of pre-existing symptoms
- Temporary soreness, tenderness or discomfort
- Bruising
- Redness or swelling
- Headache or light-headed feeling
- Minor skin irritation from lotions

Privacy Policy

A record will be kept of the health services provided to me. This record will be kept confidential and will not be released to others unless so directed by myself or my representative or unless it is required by law. I understand that I may look at my record at anytime and can request a copy.

Our Integrative Approach

As a multidisciplinary clinic, The Natural Way has a variety of services available to our patients. Our practitioners strive to work together as a team, to enhance the benefits of an integrative approach and provide our patients with the most holistic possible care.

At The Natural Way, we recognize that using a single modality or style of service does not always provide the complete answer to whole body healing. Our team of clinic Doctors and Practitioners can communicate and work together on your behalf in an effort to combine complimentary services in an effective way.

Please indicate (☒) if you would like more information on any of the following services and/or programs offer by The Natural Way Health Clinic:

- | | |
|---------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Naturopathic Medicine | <input type="checkbox"/> Detox Program |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Orthotics |
| <input type="checkbox"/> Infrared Sauna Treatments | <input type="checkbox"/> B12 injections |
| <input type="checkbox"/> Find your ThINNER self-weight loss program | <input type="checkbox"/> Acupuncture |
| <input type="checkbox"/> Positive Pregnancy Program | <input type="checkbox"/> No More Butts-Smoking Cessation |

I have read the above information and with this knowledge, I voluntarily consent to the diagnostic and office procedures outlined in this document.

I intend this consent to apply to all of my present and future Massage Therapy treatments. I understand that I am free to withdraw my consent at any time.

I understand that I am responsible for payment of the fees for Massage Therapy visit and the consequences of improperly cancelled or missed appointments, which include a fee for the full amount of the missed appointment.

131 Union Street East,
Suite #103
Waterloo, ON
N2J 1C4



(T) 519-772-2116
(F) 866-731-5603
www.thenaturalwayclinic.com

Name of Patient: _____

Signature: _____ Date: _____

Permission to Communicate -Insurance Provider

I, _____ authorize the Natural Way Health Clinic and _____ to communicate with _____ (insurance provider) in reference to treatments received, the date of treatments and / or any cost associated with these treatments.

Signature: _____

Date: _____