

Center for Continuing Education of Osteopathy

www.ceosteopathywebs.com

tel. (647) 967 – 6355

Informed Consent to Osteopathic Treatment

My full name: _____ **Daytime contact phone number:** _____

Number of weeks pregnant end of September: _____ **Day / Time you are available all day:** _____

For your information:

Osteopathy is a natural medicine and science based on a holistic approach that treats the entire person. The principles of osteopathy are based upon the relationship between structure and function and a deep understanding of the connection between all tissues, fluids and systems in the body. Osteopathic Manual Practitioners use orthopaedic manual tests to find the cause of the problem, then employ gentle, hands-on techniques aimed at resolving the issue at its source. Osteopathic treatments can reduce muscle, tendon, ligament and joint pain and dysfunction - with many additional benefits such as improved posture and joint mobility, circulation, and neural function. These improvements in turn can benefit other body systems.

Have you ever suffered from any of the following pregnancy related conditions, either now during your current pregnancy, or during any past pregnancies:

- _____ pre-eclampsia
- _____ premature labor
- _____ premature rupture of membranes
- _____ gestational diabetes
- _____ other – please specify : _____

I understand that by volunteering to serve as a model for Practitioners learning to advance their manual therapy skills, my health history and current physical state will be discussed during the assessment and / or treatment demonstration I receive.

I understand that I am volunteering to be a demonstration model, and am not expecting to receive a complete Osteopathic Treatment nor a personalised Osteopathic consultation.

I understand that every effort will be made to protect my modesty and personal integrity during the demonstrations.

I agree that the Instructor as well as possibly more than one Practitioner might wish to examine or practice a treatment technique on me.

I understand that the timing and curriculum of the seminar cannot be altered to fit my personal timetable or availability.

I agree to wear clothing that will enable visual examination as well as physical assessment and / or treatment.

Alternatively, gowns can be provided.

I agree not to bring young infants or additional family members with me who will require supervision during my model assessment & demonstration.

I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

Patient: (Please Print) _____ Signature of Patient _____