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WI 3241-146 & WI 2658-86  
BodyWorks, Asian Bodywork Therapies, L.L.C.  
10411 State Highway 27  
POB 1333  
Hayward, WI 54843

## Informed Consent

I, \_\_\_\_\_, (Client) understand that bodywork therapies provided by BodyWorks are intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, improve range of motion, improve circulation and offer a positive experience of touch. Any other intended purposes for bodywork therapy are specified below:

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The general benefits of bodywork, possible bodywork contraindications and the treatment procedure have been explained to me. I understand that bodywork therapy is not a substitute for medical treatment or medications, and that it is recommended that I concurrently work with my Primary Caregiver for any condition I may have. I am aware that the practitioner does not diagnose illness or disease, does not prescribe medications, and that spinal manipulations are not part of bodywork therapy.

I have informed the practitioner of all my known physical conditions, medical conditions and medications, and I will keep the practitioner updated on any changes.

If I experience any pain or discomfort during the session, I shall immediately communicate that to the practitioner so treatment can be adjusted.

I have received a copy of BodyWorks' Client Bill of Rights, I understand them and agree to abide by them.

**Privacy Policy-** All written records and massage sessions are kept strictly confidential and will not be shared with any outside establishment, individuals, organizations, or medical facilities without explicit written consent from the client (you) or the client's legal guardian unless legally required by local, state, or federal subpoena, summons, or other court order.

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Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address, City, Zip

\_\_\_\_\_  
Email