



## General Consent for Customized Healing

By signing below you agree to the following:

- 1) I give my permission to receive customized hands-on bodywork from the working practitioner of ALL HEALING HANDS LLC, who has chosen to no longer purchase permission to hold the licensed title of Massage Therapist from the local government to practice his personalized form of Healing approved by his peers.
- 2) I understand that his Sacred Touch Therapy is not a substitute for traditional massage therapy, medical treatment, traditional physical therapy, or medications.
- 3) I understand that the practitioner does not diagnose illnesses or injuries, nor can he prescribe medications.
- 4) I have clearance from my physician to receive general physical therapy treatments.
- 5) I understand the risks associated with working with this chosen Healer include, but are not limited to:
  - o Superficial bruising
  - o Short-term muscle soreness
  - o Exacerbation of undiscovered injury.I therefore release the company and the individual bodyworker from all liability concerning these injuries that may occur during the treatment and stretching session(s).
- 6) I understand the importance of informing the Healer of all medical conditions and medications I am taking, and to let the practitioner know about any changes to these. I understand that there may be additional risks based on my physical condition.
- 7) I understand that it is my responsibility to inform the Healer of ANY discomfort I may feel as a result of him touching or stretching me and/or feelings of my body being overexposed during the session, so he may adjust accordingly.
- 8) I understand that I or the practitioner may terminate the session at any time.
- 9) I understand that agreeing to a full body session may include my entire body being accessed by the Healer unless otherwise stated by myself. The anus and genitals are strictly excluded from access by default. It is my responsibility to stop him if I feel uncomfortable at any time during the session. I'm aware that treating breast tissue/ mammary glands requires first giving verbal consent to the Healer, and it is my responsibility to request of him to stop at any time should I feel uncomfortable or overstimulated.
- 10) I have been given a chance to ask questions about the session and my questions have been satisfactorily answered.

Print

Signature

Date

(see reverse side to leave feedback)



## FEEDBACK

Pressure satisfaction? 1...2...3...4...5...6...7...8...9...10

Comfortability? 1...2...3...4...5...6...7...8...9...10

How the experience can be Improved?

What should change of anything?

How was the Temperature?

Music Type/Style?

Music Volume?

Scents and Smells?

Sheets and Face Cradle Cover?

How did the Massage Table feel?

Do you feel your session was Effective??? 1...2...3...4...5...6...7...8...9...10

How if Physically?

How if Emotionally?

How if Spiritually?

How if Energetically?

Would you like to schedule your next session before you leave, or perhaps learn about purchasing a Discounted Package of Sacred Healing Touch sessions?

Would you like to refer a loved one?  
(Ask for your bodywork's card)

Other feedback: