

Gua Sha Informed Consent

By signing below, you agree to the following:

1. I have read and understand the information in this consent form and I give my permission to receive Gua sha therapy.
2. I understand that Gua sha is not a substitute for traditional medical treatment or medications.
3. I understand that the Gua sha practitioner does not diagnose illnesses or injuries, or prescribe medications.
4. I understand that there are no guarantees concerning treatments and that there are other treatment alternatives.
5. I understand the possible risks and complications involved in treatment include, but are not limited to: Temporary soreness and sensitivity Petechiae and ecchymosis marks on the skin which fade after 3-5 days Possible fatigue Possible temporary dizziness or nausea Exacerbation of undiscovered injury I therefore release the company and the Gua sha therapist from all liability concerning these symptoms that may occur during/after the Gua sha session.
6. I understand the importance of informing my Gua sha practitioner 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 my Gua sha practitioner of any discomfort I may feel during the Gua sha session so he/she may adjust accordingly.
8. I understand that I or the Gua sha practitioner may terminate the session at any time.
9. I have had the opportunity to discuss the above with the practitioner, and have had all of my questions answered.
10. I understand that I can request more information at any time if desired.
11. I consent to receiving treatment that involve the above procedures.

Date

Signed