

Osteopathic Manual Therapy

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25 James St, Strathroy, ON N7G 1S6 (519) 246-1630

INFORMED CONSENT TO MANUAL OSTEOPATHIC CARE:

I hereby request and consent to the performance of osteopathic manual therapy performed by:

Bashar Alazzam RMO, DOMP Registered Manual Osteopath including: assessments, examinations and techniques, which may be recommended by my Manual Osteopath named above.

- I have had the opportunity to discuss with the Manual Osteopath any questions or concerns that I have regarding my condition and any forms of therapy to be administered. I understand that the results are not guaranteed.
- I understand and am informed that, as in all health care, there are some very slight risks to treatment, including but not limited to, muscle aches and soreness following treatment. I do not expect the Manual Osteopath to anticipate and explain all risk and complications, and I wish to rely on the Manual Osteopath to exercise their judgment and I understand that all procedures are in my best interest.
- I understand and acknowledge that the Manual Osteopath must be fully aware of my existing medical conditions. I have completed my intake/medical history form as provided by my Manual Osteopath and have disclosed to the Manual Osteopath all of those medical conditions affecting me. It is my responsibility to keep the Manual Osteopath updated on my medical history. The information I have provided is true and complete to the best of my knowledge.
- I understand and acknowledge that although manual Osteopathy has an excellent safety record, no health treatment is completely free of potential adverse effects. The risks associated with manual osteopathy, however, are very small. Many patients feel immediate relief following manual osteopathy treatment, but some may experience mild soreness or aching, just as they do after some forms of exercise or massage. Current literature shows that minor discomfort or soreness following soft tissue therapy typically fades within 24 hours.
- I give the Manual Osteopath Bashar Alazzam RMO, DOMP a permission to keep a copy of my file in case he changes his practice address in the future.

I have read the above consent. I have also had the opportunity to ask questions about its content, and by signing below, I agree to the above- named procedures. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment. I understand that at any time I may withdraw my consent and treatment will be stopped.

Patient Printed Name

Signature of Patient / Guardian

Bashar Alazzam RMO, DOMP
Registered Manual Osteopath

Date Signed