



Client Information

Name: _____ Today's Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Other phone: _____

Email: _____ Date of Birth: _____

Emergency contact: _____ Emergency contact's phone: _____

How were you referred to Sacred Hands? _____

Informed Consent to Receive Acupuncture and Massage Treatments

I hereby consent, Sacred Hands, to perform the treatments of acupuncture and massage and other procedures within the scope of the practice of healing by Fernando Escobar CMT, L.Ac. on the patient named below for whom I am legally responsible, or by other licensed acupuncturists or massage therapists who now or in the future treat me while employed by, Sacred Hands, including those working at the clinic or office listed above or any other office or clinic, whether signatories to this form.

I have had an opportunity to discuss the nature and purpose of the practice with Fernando and/or with other office or clinic personnel. I understand and am informed that, as in the practice of medicine and massage, there are some risks to receiving treatment, including but not limited to nausea, a punctured lung and infection. I do not expect the acupuncturist or massage therapist to be able to anticipate and explain all risks and complications, and I wish to rely on the acupuncturist or massage therapist to exercise judgment during the course of the procedure which the acupuncturist or massage therapist feels at the time, based upon the facts then known, is in my best interest.

I have read, or have had read to me, 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 procedure. I intend this consent form to cover the entire course of the treatment for my present condition and for any future condition(s) for which I seek treatment.

X _____
Print patient's name

X _____
Signature of patient