Ojai Lymphatic Therapy
WHOLISTIC LYMPHATIC HEALTH
bodywork . diet . lifestyle

Welcome!

As you know, I am an educator of Ayurveda, a 5000-year-old system of medicine or wisdom of healthy living. I am not a licensed physician, nor are my services licensed by the province. Ayurveda is a way of natural healing and emphasizes maintaining the harmony of body-mind-spirit through diet, lifestyle, and natural herbs. In Ayurveda the emphases is not on the disease but on maintaining the balance of the individuals constitutional nature, so Ayurveda treatments are never one size fits all, but custom tailored for each individual.

An Ayurvedic Body Treatment not only nourishes the skin, it is a massage of your internal body systems and organs, it is a journey we go on together to allow channels to open and healing to begin or flourish.

I am so happy to be sharing this Journey with you.

Alicia Morris Soto

BODY TREATMENT WAIVER

INFORMED CONSENT TO MASSAGE THERAPY TREATMENT

I hereby consent for Alicia Morris Soto (Ojai Lymphatic Therapy), Ayurveda massage therapist (therapist) to treat me with an Ayurveda Body Treatment/ Massage Therapy for the above noted purposes including such assessments, examinations and techniques, which may be recommended, by my therapist.

(Please initial the following):

1. I fully understand that Alicia Morris Soto (Ojai Lymphatic Therapy) is not a licensed medical doctor, does not diagnose or treat disease, and that I am not here for medical, diagnostic or treatment procedures. _____

2. I acknowledge and understand that Alicia Morris Soto (Ojai Lymphatic Therapy) must be fully aware of my existing medical conditions. I have completed my medical history form as provided by my therapist and disclosed to the therapist all of those medical conditions affecting me. It is my responsibility to keep the massage therapist updated on my medical history. The information I have provided is true and complete to the best of my knowledge. _____
3. Suggestions and treatments offered for my own well-being, to help manage and strengthen my general health and vital energy and are not intended to take the place of qualified professional medical care. _____
4. I may learn the differences between medical diseases and the balancing of life energy, which deals with health factors that are within my own control. I may elect to consult a physician prior to seeing Alicia Morris Soto (Ojai Lymphatic Therapy), or I may decide my concern about medical conditions does not call for seeing a physician at this time. I realize and agree that I alone am responsible for my health and well-being. _____
5. I understand that assessment and suggestions regarding diet, herbal supplementation and remedies, offered here or elsewhere are based upon the observations through Ayurveda and are not intended to replace standard medical treatment or advice from licensed health care professionals. _____
6. I agree that all herbed infused oils, herbs, extracts, remedies, etc. are applied at my own risk. As with any substance applied to the skin, allergic reaction is a possibility in some individuals. I have been informed of the risks and consequences involved. I also understand that Alicia Morris Soto (Ojai Lymphatic Therapy) will not be held responsible for errors/ingredients on the part of any manufacturer or supplier of products offered here or elsewhere. _____
7. Any information shared in sessions is confidential and will not be disclosed to any party, be they family or medical provider. However, for educational purposes it may be shared anonymously with mentors and colleagues. _____
8. I hereby waive, release and discharge Alicia Morris Soto (Ojai Lymphatic Therapy) from all actions, claims or demands I, my heirs, guardians, legal representatives or assigns, now have, or may hereafter have for injury or damage resulting from my participation in my Ayurveda Body Treatment/consultation/assessment or recommendation. _____

I have carefully read this agreement and fully understand the content. I am aware that this is a waiver and release of potential liability and a contract between Alicia Morris Soto (Ojai Lymphatic Therapy) and sign it of my own free will. I have had the opportunity to question the contents and my therapy. By signing this form, I confirm my consent to treatment and intend this consent to cover the treatment discussed with me and such additional treatment as proposed by my therapist from time to time. I understand that at any time I may withdraw my consent and treatment will be stopped.

_____

(Signature) (Date)

_____

(Printed Name)

_____

(Witness Signature) (Printed Name) (Date)

HEALTH HISTORY FORM – MINIMUM REQUIREMENTS

Name: _____ Date of initial visit: _____

Address: _____ Phone number: _____

Date of birth: _____ Referred by: _____

Allergies: _____

Sports & activities:

_____

Current medications:

_____

Are you under medical care for any of the following: (circle)

heart conditions
diabetes
high/low blood pressure
rheumatoid arthritis
pelvic inflammatory disease
headaches or migraine
skin conditions
osteoporosis
varicose veins
Crohn's disease
phlebitis/circulatory
kidney disease
whiplash
jaw or ear pain
fibromyalgia
cancer
neck injury
nervous disorders
problems back injury
asthma/respiratory
fainting or dizziness
osteoarthritis
epilepsy

other:

_____

Have you received care from any of the following: (circle)

physiotherapist chiropractor massage therapist naturopath

other: _____

Reason for treatment:

_____

Have you had surgery in the past? Y N

If yes, for what? _____

Have you had any serious illnesses in the past? Y N

If yes, what? _____

Have you had any fractures/sprains in the past?

Y N If yes, where? _____

What relieves your pain? _____

What aggravates your pain? _____

Signature of Client (or Guardian): _____