

Bowen Therapy Consent Form

A temporary exacerbation of symptoms and/or fatigue may be experienced after Bowen treatments. You are encouraged to discuss your concerns with your Bowen Therapist.

By signing this consent form, you agree and understand that:

- Treatment results are variable for each individual and cannot be guaranteed.
- Treatment plans and lengths are guidelines only and are subject to change according to individual progress.
- You are free to consult with any other licensed health care provider you choose and that the Bowen treatment that your therapist provides is not exclusive, but it is important that she is informed of any other treatment you are receiving in order to avoid negative interactions/side effects
- You will be told what health conditions cannot be adequately treated with Bowen alone so that you can make an informed decision on whether to pursue another form of treatment in addition to Bowen.
- You understand that although Jiselle Griffith is a Doctor of Naturopathic Medicine, she is not authorized to give any Naturopathic diagnosis, assessment or advice beyond the scope of Bowen Therapy during a Bowen session.
- You understand the fee schedule and agree to pay for all costs of visits.
- By signing this consent you hereby waive all liability towards the Health Hub Integrated Clinic and Jiselle Griffith for any outcomes of Bowen treatment.

By signing this consent form, I agree that I have read and understand all of the above, including the potential risks and side effects of treatment, and thereby authorize my informed consent to Bowen treatment by Jiselle Griffith, Certified Bowen Health Therapist.

I consent to receiving follow up recommendations via Email.

Name (Print): _____

Practitioner: _____

Signature: _____

Signature: _____

Date: _____