



Structural Integration Client Information & Consent Form

Name _____ Tel. No (h) _____ (w) _____ (c) _____

Address _____ Apt _____ City _____ State _____ Zip _____

DOB ____/____/____ Occupation _____

Emergency contact name _____ Phone No _____ Relationship to you _____

Referred by _____ Email _____

Main concern(s) you would like to address _____

Additional comments _____

Informed Consent for Structural Integration

I, _____, fully understand that the purpose of Structural Integration is to balance and align the body in order to help restore proper structure and posture. This is done through direct manipulation of the body to achieve greater ease and efficiency of movement.

I understand that Structural Integration is not used to treat disease of any kind, nor does it substitute for medical diagnosis or treatment when such attention is needed. The Practitioner of Structural Integration does not treat or diagnose illness, disease, or any other physical or mental disorders.

I understand that Structural Integration is a form of manual therapy and that it is necessary for the Practitioner to apply deep pressure to various muscles and connective tissue in order to assist me in establishing balance and alignment in my body.

By voluntarily signing below, I show that I have read, or have had read to me, the above consent to treatment, have been told about the risks and benefits of Structural Integration, and have had an opportunity to ask questions. 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.

SIGNATURE _____

DATE _____