



## Oriental Medicine and Health Services

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### Patient Information and Informed Consent Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex:  Male  Female Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_

Marital Status  Married  Single  Divorced  Widowed Number of Children \_\_\_\_\_

I hereby voluntarily consent to receive Tuina Massage Therapy. I understand that therapy will be administered by Oriental Medicine and Health Services (OMHS). I also understand that it is my responsibility to inform OMHS of any health issues or physical limitations that would affect the scope and / or range of the therapeutic session. The therapy to be administered is described below.

**Tuina**: A traditional method of therapeutic bodywork with a tremendous range of application, the techniques range from light to deep. Some of the techniques may cause some temporary discomfort or on occasion some achiness that usually resolves within a day.

By signing below, I show that:

- I have read, or had read to me, the information on this consent form.
- I understand the possible risks and complications involved. I have had the opportunity to discuss this consent form with OMHS. I understand that I can request more information at any time if desired.
- I consent to receiving treatment that involves the above procedures.
- I understand that I have the right to refuse or discontinue any treatment at any time. I understand that this refusal may affect the expected results.

\_\_\_\_\_  
Printed Name of Patient

\_\_\_\_\_  
Signature of Patient