

**Lisa Collins, LMT, DAFNS**

**Consent**

I \_\_\_\_\_, consent and agree to the Treatment and/or Supplements recommended for me by Lisa Collins, Licensed Massage Therapist (OR Lic #15070) from the following choices:

- General Diagnostic Procedures – including physical exams, neurological and musculoskeletal assessments.
- Lifestyle Counseling and Exercise Recommendations
- Dietary Advice and Therapeutic Nutrition – use of foods, diet plans, and nutritional supplements.
- Gua Sha – rubbing on an area of the body with a blunt, round instrument.
- **Cold Laser Therapy (Low Level Light Therapy - LLLT)**
- Manual soft tissue therapy (massage), stretching and joint therapy
- Exercise & posture training

**Potential benefits:**

Restoration of health and the body's maximal functional capacity, relief of pain and symptoms of disease, assistance in injury and disease recovery, and prevention of disease or its progress. Results cannot be guaranteed.

**Potential risks:**

Fainting, dizziness, discomfort, pain, discoloration, skin rashes from topical procedures, heat therapies, drug/herb interaction side effects, allergic reactions, nausea, loose bowel movements, and abdominal cramping from prescribed herbs or supplements or dietary advice; and soft tissue or bone injury from soft tissue therapy; and aggravation of pre-existing symptoms.

I am not available after business hours. If you experience an adverse reaction to any recommended supplements or treatment, please immediately contact me during business hours. If I cannot be reached, please discontinue the supplements and leave a voice message.

You will be contacted on the next working day. If you are experiencing an acute condition, severe, adverse reaction, or emergency situation, please either contact your primary care physician or call 911 immediately. You are expected to have a primary care medical physician follow your care at all times. I am not responsible for any hospital coverage, after hour, weekend, or general medical care you may seek.

Please let me know if you suspect or know that you are pregnant since some of the therapies could present a risk to pregnancy. Also let me know if you have a cardiac pacemaker since electro-therapies may be contraindicated in this case. Please cancel your appointment if you have an active respiratory infection or illness.

I understand the Benefits, Risks, Limitations, and Precautions described herein. I will abide by all instructions and precautions in order to achieve optimal results. I take full responsibility for my health during treatments and hold Lisa Collins (OR #15070) free from any legal actions. The maximum damages in case of any valid dispute will be the refund of my treatment fees. I voluntarily consent to the recommended treatment and/or supplements realizing that no guarantees have been given to me by the practitioner regarding the cure or improvement of my condition. I have read the above information and have had all my questions answered to my satisfaction.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

## **CANCELLATION POLICY FOR SERVICES**

As part of my effort to provide you with the best of care and accommodate all appointment requests, I have implemented a Cancellation Policy. I appreciate your business and know that your time is as valuable as mine.

If you are unable to keep your appointment, please call me as soon as possible, so that I may help another patient in your place. If you are calling after hours, you may leave me a message on my voice mail system to cancel or reschedule your appointment. If you will be late for your appointment, please call me so that I may advise you if you can be accommodated, or if I will need to reschedule you.

As all services are provided by appointment only, I ask you for a minimum of 24 hours notice. If you do not notify me, you will be billed for the total cost of the appointment. Please keep the appointment confirmation email so that you can cancel your appointment using the link. If you need to cancel or change your appointment in less than 24 hours, you will need to call me.

Anyone who either forgets or consciously chooses to forgo their appointment for whatever reason will be considered a “no-show.” They will be charged for their “missed” appointment.

If you arrive late, your session may be shortened in order to accommodate others whose appointments follow yours. Depending upon how late you arrive, I will then determine if there is enough time remaining to start a treatment. Regardless of the length of the treatment actually given, you will be responsible for the “full” session. Out of respect and consideration to me and other customers, please plan accordingly and be on time.

I do understand that emergency situations may arise, please share that with me when you call and they will be handled on an individual basis.

I will attempt to confirm all appointments in advance, however, this is done as a courtesy and the responsibility of canceling an appointment remains with the patient.

I have read the above cancellation policy and agree to its terms and conditions:

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

Signature: \_\_\_\_\_

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