CONSENT FOR TREATMENT AND TOUCH

I, _____, do hereby consent, authorize, and request Dr. Thomas Giammatteo and/or a therapist to administer such treatment deemed advisable, necessary, or requested.

Touch Description: Treatment will involve the gentle placement of hands on or above the person's fully clothed body. This treatment may include light physical touch or sweeping hand motions above the body. Placements of hands may be on all parts of the body depending on the medical condition of the patient. These parts may include but are not limited to the breast region, groin region, and buttocks.

I agree to hold Dr. Thomas Giammatteo and/or a therapist free and harmless from any claims, suits for damages, or complications which may result from such treatment.

_____

Person receiving treatment (Please print)

_____ Date _____

Signature of person receiving treatment or Parent/Guardian

Office Use: Reviewed by _____ Date_____

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