

Informed Consent & Liability Waiver

Welcome, and thank you for choosing **Victoria Soo dba Bodywork by Victoria**. This form is here to make sure you are informed about the possible therapies that may be part of your care. These include the Lifestream Generator, TECAR Therapy, Rife Therapy, Cupping, Instrument Assisted Soft Tissue Mobilization (IASTM), Frequency Specific Microcurrent (FSM), Neubie Therapy, and Massage Therapy.

Not every therapy listed will be used in your sessions, but each may be considered if appropriate for your needs. Please review the following sections, initial where noted, and sign at the end to confirm your understanding and consent.

Therapy Descriptions

Massage Therapy

Manual manipulation of the soft tissues to promote relaxation, relieve pain, and improve circulation. **Initials:** _____

Lifestream Generator

A direct current device used to break down myofascial adhesions and scar tissue, supporting improved mobility and tissue healing. **Initials:** _____

Frequency Specific Microcurrent (FSM)

A therapy using low-level electrical currents to address pain and tissue healing. **Initials:** _____

Cupping Therapy

A technique using vacuum suction cups on the skin to promote circulation, relieve muscle tension, and support healing.

Initials: _____

Instrument Assisted Soft Tissue Mobilization (IASTM)

A manual therapy using specialized instruments to treat soft tissue dysfunction, break down scar tissue, and improve mobility. **Initials:** _____

Benefits and Risks

I acknowledge that I have been informed of the nature, purpose, expected benefits, and potential risks of each therapy discussed. I understand that side effects may vary from person to person and may include temporary soreness, discomfort, skin irritation, fatigue, or other individualized responses to treatment.

*I further acknowledge that I have been provided with a **separate, standalone page** summarizing the potential benefits and risks of each therapy, which I may keep for my records. By initialing below, I confirm that I have received, reviewed, and understand that information, and that all of my questions about risks and benefits have been answered to my satisfaction. **Initials:** _____*

Medical Disclaimer

*I understand and acknowledge that the therapies provided by Victoria Soo dba Bodywork by Victoria are **complementary in nature** and are **not a substitute for medical diagnosis, treatment, or care by a licensed healthcare professional**. I agree to maintain communication with my primary medical provider for all medical conditions and understand that this practice does not diagnose or treat medical illnesses. **Initials:** _____*

Alternative / Non-Standard Therapies

I understand that some therapies offered here, including the Lifestream Generator and Cupping Therapy, are considered **alternative treatments and are not FDA-approved**. They are used in complementary wellness practices, and **no results or outcomes are guaranteed**. I consent to proceed with full understanding of their complementary nature. **Initials:** _____

Lifestream Generator Use Advisory

I understand the **Lifestream Generator** is a specialized device unique to this practice. For accurate information, I may request manufacturer details from my provider and agree not to seek advice from individuals unfamiliar with this device. I acknowledge it is a complementary wellness tool and is not a substitute for medical diagnosis or treatment by a licensed physician. I will continue consulting my healthcare providers as needed. **Initials:** _____

No Guarantee of Results

I understand and **acknowledge that no specific results, outcomes, or cures are promised or guaranteed** for any of these therapies, and that individual responses to treatment may vary widely. I acknowledge that while some clients may experience improvements in comfort, mobility, function, or overall well-being, others may experience minimal or no change. The effects may also be temporary rather than permanent.

I understand that these therapies are intended to **support my health and wellness**, but they are **not a substitute for medical diagnosis or treatment by a physician**. I further acknowledge that any information or guidance provided by Victoria Soo dba Bodywork by Victoria is **not a guarantee of outcome or success**.

I also acknowledge that **all payments are final and non-refundable, regardless of my perception of results or satisfaction**.

Initials: _____

Duty to Update Health Information

I understand that my health status, medical conditions, medications, and lifestyle factors may affect whether certain therapies are appropriate or safe for me. I **agree that it is my responsibility to promptly inform** Victoria Soo dba Bodywork by Victoria of any changes to my health, including but not limited to new diagnoses, surgeries, medical conditions, implanted devices, medications, or pregnancy.

I acknowledge that failure to provide accurate or updated health information may increase my risk of complications or adverse effects, and I accept responsibility for communicating changes in a timely manner. I also understand that this intake and consent form may need to be updated periodically to reflect any such changes. **Initials:** _____

Office Policies

I acknowledge that I have **received and reviewed** a copy of the office policies of Victoria Soo dba Bodywork by Victoria. These policies include, but are not limited to: scheduling and appointment procedures, cancellation and no-show policies, payment requirements, refunds (if any), package or prepayment terms, and preferred methods of communication.

I understand that **it is my responsibility to be familiar with and follow these policies, and that failure to do so may result in fees, denied services, or termination of the provider-patient relationship**. By initialing below, I confirm that I have read, understand, and agree to abide by all office policies as a condition of receiving services. **Initials:** _____

Release of Liability and Assumption of Risk

*I acknowledge that I have **voluntarily and knowingly chosen to participate in the therapies** described above, after being fully informed of their nature, benefits, and risks. I understand that, as with any therapy, there are potential risks including, but not limited to, discomfort, soreness, or adverse reactions.*

*By signing below, I **expressly assume all risks** associated with these therapies and hereby release, waive, discharge, and covenant not to sue Victoria Soo dba Bodywork by Victoria, its employees, agents, and representatives, from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss, damage, or injury, including death, that may be sustained as a result of my participation, whether caused by negligence or otherwise. This release is binding upon me, my heirs, assigns, and legal representatives.*

I further agree to indemnify and hold harmless Victoria Soo dba Bodywork by Victoria from any loss, liability, damage, or costs incurred due to my participation in these therapies.

I understand my responsibility to promptly inform my provider of any changes to my health, medications, or conditions that might affect my safety during treatment.

*I have read and voluntarily sign this release of liability and fully understand its terms. **Initials:** _____*

Signatures

Patient Name (Print): _____

Signature: _____

Date: _____

If you have any questions or concerns about these therapies, please speak with your provider before signing.