

Structural Energetic Therapy

INFORMED CONSENT FOR CHILDREN

I _____ understand that Structural Energetic Therapy (hereafter referred to as SET) is a therapeutic and rehabilitative therapy for musculoskeletal problems.

- I understand that the SET Practitioner is highly trained in advanced SET Techniques and that SET treatment is unique and is not like other (massage) treatments I may have had.
- I understand that the SET Practitioner will ask me to participate in the evaluation process by using structural observation, kinesiology and an interview that may include questions about health history, current medications and life style.
- **I agree to keep the SET Practitioner updated on any changes in the status of my child's health and any medication changes.**
- I understand that the SET Practitioner together with Arizona Vision Therapy Center will determine the optimum number of SET sessions in order to achieve the rehabilitation goals based on my child's condition.
- I understand that it is my responsibility to communicate to the SET Practitioner if I feel that my child have reached the end of his/her tolerance for SET Therapy within any given session.
- I understand that payment is due in full upon completion of the session unless other arrangements have been made.
- **I understand that if I do not cancel a scheduled appointment at least 24 hours in advance I am responsible for paying the full fee for that time.**

Patient Name: _____ Age: _____

Address: _____

Phone: C H _____ Ok to text? Y N

Email: _____

Reason for treatment with Arizona Vision Therapy Center: _____

Medical Diagnosis (if applicable): _____

Current Medications: _____

Client Signature: _____ Date: _____

Signature of Parent/Guardian: _____

