



CLIENT RELEASE FORM - REFLEXOLOGY THERAPY FOR PREGNANCY

I confirm that I am _____ weeks pregnant and in good health.

I have retained the services of *Debra MacFadyen, Registered Reflexologist*, with the hopes that treatment may induce labour. I have chosen to undergo treatment of my own volition and recognize and acknowledge that induction of labour may or may not result from the said treatment. I will not hold Debra MacFadyen in any way liable nor responsible should the treatment not be successful in inducing labour.

I confirm that I have no known medical conditions that might conflict with this treatment or that might be aggravated or adversely affected by it.

I understand that information exchanged during any reflexology session is educational in nature and is to be used at my own discretion.

I understand reflexology is designed to be a health aid and is in no way to take place of a doctor's care when a doctor's care is indicated.

I understand that a reflexologist does not diagnose illness, disease, or any other physical or mental disorder. I understand that a reflexologist does not prescribe medical treatment or pharmaceuticals. It has been made clear to me that reflexology therapy is not a substitute for medical examinations and/or diagnoses and that it is recommended that I see a physician for any physical ailment(s) or any issues or concerns with respect to my pregnancy that I might have.

Client Name: _____
(please print)

Reflexologist Name: _____
(please print)

Client Signature: _____

Reflexologist Signature: _____

Date: _____

Date: _____