



## Treatment Agreement

Please read carefully and only sign if you are in full agreement with its contents

- I understand the nature of the therapy and it has been explained to my satisfaction
- I understand the probable duration of the therapy, or the estimate of the number of therapy sessions required for treatment. This has been explained to my satisfaction
- I have agreed upon a specific outcome for therapy
- I understand that a guarantee of a successful outcome is not possible, and accept that even though the therapist carries out this treatment flawlessly, the specific result may not be achieved due to circumstances outside the therapists control
- I understand that there is a fee for treatment and agree to pay this in the manner agreed before treatment begins
- I have disclosed all information which might affect the outcome of treatment or my well being
- I understand the therapist is not responsible for any recurrence of physical or mental problems prior to the present treatment
- I give my consent to the treatment by the therapist
- I understand that treatment for pain management will only be undertaken after a medical/GP referral. I understand GP consent is required prior to treatment for the following symptoms: panic attacks, headaches, migraines, skin conditions, asthma, dystonia and IBS.

I give my consent for this therapy and accept responsibility for current and future conditions both physical and mental.

Signed by client ..... date .....

I (the therapist) agree to carry out my responsibilities with the required standards of ethics and practice to be bound by the constitution of my professional body. I have made this document available for scrutiny.

Signed by therapist ..... date .....