



## Waters Hydrotherapy

1903 D Street, Bellingham, WA 98225

Watershydrotherapy@gmail.com

360-734-9500

### Waters Consent Form

First Name : \_\_\_\_\_ Last Name : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Address : \_\_\_\_\_

Phone : \_\_\_\_\_ Email : \_\_\_\_\_

Referring Physician : \_\_\_\_\_ Clinic : \_\_\_\_\_

Please make a check mark next to all that apply:

Pacemaker	Current bleeding or infected wound
Menstruating uterus	Chronic constipation
Metal implant	Acute asthma
High fever	Heavy use of aspirin
Pregnant	Fear of treatment itself
Consumption of alcohol ( >2 drinks/ day)	None
Cancerous tumor or lesion	

I, \_\_\_\_\_ agree to report to my clinician if any of the above conditions become true during the course of my treatment. I hereby consent to receiving Constitutional Hydrotherapy treatments for myself (or the client named below, for whom I am legally responsible) at Waters Hydrotherapy.

I understand that this procedure uses a series of hot and cold towels applied to the torso in conjunction with mild sine wave stimulation to the back and abdomen.

I do not expect the hydrotherapy technician to be able to anticipate all risks and complications.

I do not expect the hydrotherapy technician to diagnose or treat any disease.

I wish to rely on the hydrotherapy technician to exercise judgment during the course of the treatment based on the facts then known and what is in my best interest.

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Legal Guardian Signature : \_\_\_\_\_ Date : \_\_\_\_\_

(See back for policy agreement)

## Waters Policy Agreement

**Reservations:** Please schedule treatments by calling 360-734-9500. After the client has finished a 6-session series, they will need to re-contact Waters to schedule another series and reserve their preferred time and day. It is advised to schedule appointments several weeks in advance as space is limited. It is possible to schedule multiple 6-session series at a time to reserve a preferred time in the schedule.

**Payment Policy:** Clients must pay for the full 6-session series at the time of their first treatment. Waters is committed to being affordable for all clients. If one needs to pay in installments, please email all inquiries to watershydrotherapy@gmail.com or call 360-734-9500. One must pay for the entire treatment series before scheduling a new series.

**Payment Methods:** Cash or check is the preferred method of payment. Please make all checks out to "Waters". If one needs to pay with a debit or credit card, a 2.75% charge will be added to the payment.

**Late Policy:** We ask that all clients arrive at least 5 minutes in advance to make payments. Please call 360-734-9500 to notify Waters of a late arrival. If a client is more than 11 minutes late the appointment will be cancelled.

**Cancellations:** A client must give at least 24 hours notice to cancel or reschedule an appointment. For cancellations, please email watershydrotherapy@gmail.com. If Waters is not notified before 24 hours, the client will be responsible for the full payment of the treatment.

**Reimbursements:** Waters does not reimburse payments for 6-session series. However, we can reschedule treatments if we are notified at least 24 hours in advance.

**Phone Policy:** To maintain the peaceful atmosphere at Waters, please turn cell phones and pagers to silent before entering the Healing Room.

**Quiet Policy:** As there are 2-3 clients receiving treatments at the same time, we ask that clients communicate any needs or questions with the Waters practitioner before entering the Healing Room and try to refrain from talking during the treatment.

I, \_\_\_\_\_ have read and agree to abide by the Waters Policy Agreement to the best of my ability. I understand that failure to do so could lead to the refusal of service.

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

Legal Guardian Signature : \_\_\_\_\_

Date : \_\_\_\_\_