

## Consent to Treatment Form

In compliance with the *Consent to Treatment Act, 1992*

I, \_\_\_\_\_, of my own free will, provide my full, voluntary, informed consent to be treated by Crystal Gordon, RMT for:

- General Relaxation OR
- The Following Complaints:

Alternate courses of action have explained to me as well as the possible risks and side effects of my therapist's proposed treatment plan.

I understand the consequences of choosing/not choosing this treatment.

I understand that my consent may be revoked at any time before or during the treatment if I choose to do so. I may also choose to alter or revise this treatment plan at any time before or during the treatment.

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_