

THE BEYOND SURGERY® PROGRAM

Consent to Treatment

I, the undersigned client, hereby consent to and authorize a Beyond Surgery Program Coach/Practitioner to supply holistic tools in specific protocols for stress reduction, pain management and educational purposes.

I understand that this Beyond Surgery Coach/Practitioner is not acting as a licensed medical practitioner, and that this is not a medical treatment.

I understand that this program is not intended to diagnose any medical condition, or to take the place of any medical treatment prescribed by my physician.

I understand that one component of the program called Healing Touch may require “hands-on”, and I hereby consent to the “hands-on” energy-based techniques.

I also understand that a portion of this program may include my Beyond Surgery Coach/Practitioner visiting me while in the hospital, clinic, or in my home and hereby give my permission for her/him to do so.

I further understand that no guarantees or assurances have been made as to the results of such services, and that these services are intended as a complement to the medical plan of treatment provided to me by my physician, not as a cure of any medical or emotional condition.

Client's Name

Client's Signature

Parent's Name

Parent's Signature (if client under 18 yrs)

I, the undersigned Beyond Surgery Coach Practitioner, am providing education, and hands on energy balancing solely as an adjunct to this client's standard medical treatment.

Date

Practitioner's Signature