

Patient Acknowledgement for Princeton SI, LLC.

Structural Integration is designed to promote and maintain the health and well-being of the client; the purpose of Structural Integration is to balance and align the body so that it maintains itself supported in three-dimensional space within gravity. This is done through direct manipulation and education so that greater economy of body-movement is achieved. I understand that it is necessary for my Structural Integration Practitioner to touch my body in order to assist me in establishing balance and alignment of my body.

Structural Integration does not include the diagnosis of illness or disease of any kind (including impairment or disability), nor does it substitute for medical diagnosis or treatment when such attention is needed. I understand that SI practitioners are not qualified to diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such.

If I experience any pain or discomfort during these sessions, I will immediately inform the practitioner so that the pressure and/or manipulations may be adjusted to my level of comfort. Because Structural Integration may be contraindicated due to certain medical conditions, I affirm that I have informed the practitioner of all my known medical conditions and will keep the practitioner updated as to any changes in my medical condition and understand there will be no liability on the practitioners' part should I fail to do so.

I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

In case of cancellation: I agree to give 24 hours notice prior to scheduled sessions, or to assume responsibility for payment of the full session fee.

Patient Signature: _____ Date: _____

Witness (Parent or guardian of minor): _____ Date: _____