

Healing In Motion, pllc
Therapy and Wellness Center
5340 Plymouth Road, Suite 100
Ann Arbor, MI 48105
734-913-4816 Office
734 913-8021 Fax



Consent Form for Participation Wellness Program

The Wellness Program is carried out by Massage Therapists, Occupational Therapists and Personal Trainers. Wellness visits can not be billed or submitted to insurance for reimbursement as Physical Therapy. Wellness visits will not include spinal mobilization techniques or internal pelvic (vaginal and/or rectal) techniques as these are outside the scope of practice for Massage Therapists in Michigan and require a referral from a Physician.

I understand that I am an active participant in therapy and it is my responsibility to provide accurate and timely feedback to the therapists regarding my response to any technique and exercise.

I understand that I can halt any technique or exercise at any time by asking my therapist to stop and that this will be complied with by the therapist without question.

By signing below I give permission for full and active participation in the Wellness Program at Healing In Motion in accordance with the information above.

Signature of patient

Date

Signature of therapist

Date