

I, Jehanna Blondeau, am a Massage Practitioner. I am not a licensed physician. Massage therapy services for healing purposes are not licensed by the state of California. I am licensed as a massage practitioner by the city of San Ramon.

I perform Swedish Massage combined with acupressure, shiatsu and craniosacral therapies. These techniques improve circulation, relieve pains and aches and combined with pressure point therapy relax not only specific muscles but the entire body. In addition, the firm compression combined with subtle touch energizes the body's healing capacities on a cellular level, bringing about a deep relaxation and restoration.

I have received my training and education at the McKinnon Institute (Swedish & Craniosacral Therapy), the Acupressure Institute (Emotional Balancing Acupressure) and the Upledger Institute (Craniosacral Therapy I).

In order to use my services, California state law requires that you acknowledge receipt of the information provided in this form and that you sign it. You will receive a copy. I will keep the original in my records for at least three years.

My methods of treatment, massage therapy and bodywork, are alternative or complementary to healing arts that are licensed by the State of California. Under Sections 2053.5 and 2053.6 of California's Business and Professions Code.

If you ever have any concerns about the nature of your treatment, please feel free to discuss them with me. I recommend that you inform your medical doctor that you are receiving bodywork.

Acknowledgement and Consent to Receive Services

I have read and understand the above disclosure about the massage therapy offered by Jehanna Blondeau and Jehanna Blondeau's training and education. I have discussed with Jehanna Blondeau the nature of the services to be provided. I understand that Jehanna Blondeau is not a licensed physician and that massage therapy and bodywork services are not licensed by the state. I understand it is my responsibility to maintain a relationship for myself/my child with a medical doctor. I have consented to use the services offered by Jehanna Blondeau, and agree to be personally responsible for the fees of Jehanna Blondeau in connection with the services provided to me.

Signed: _____ Date: _____
(client/parent/conservator/guardian)

(name of client)