

FOR ADULT CLIENTS · NONCLINICAL SESSION

Consent and preferences worksheet

About this session

Completed by the practitioner before the conversation.

Service name**Duration****Setting****Exactly what happens during the session****PLEASE READ**

This is a nonclinical wellness session. It does not diagnose, treat, or cure a health condition and does not replace care from a qualified health professional. No outcome is promised. You may ask questions, decline touch, change your preferences, pause, or end the session. We will confirm any proposed touch and your choices before and during the session.

Touch

Your choice about touch Choose one

☐ No touch ☐ Discuss any proposed touch first ☐ Undecided and wish to discuss

Notes about positioning, lighting, sound, or access Optional, up to 300 characters.

Pausing or stopping

Preferred way to pause or stop Choose one

☐ Speak ☐ Raise hand ☐ Other discussed signal

If another signal, describe it

Questions

Questions discussed and any unresolved concern Optional, up to 300 characters.

Your decision

Choose one

☐ I choose to proceed ☐ I would like more discussion ☐ I do not wish to proceed

Names and dates

Client name (typed or printed)

Date

Practitioner name

Date

Client signature (paper copies only)

Sign a printed copy by hand. On screen, type your name in the name field above; it is not a verified electronic signature.

PRACTITIONER ADAPTATION NOTES · REMOVE BEFORE CLIENT USE

Adapting this worksheet

Use this conversation aid to explain a nonclinical adult session and record practical choices. It is a starting draft for professional review, not a universal waiver or a substitute for ongoing consent.

Customization and quality check

Fill in the actual service and discuss it aloud. Do not imply that agreeing to a session waives legal rights. Keep payment/cancellation policies separate from bodily consent. For minors, medical settings, or regulated services, obtain a separately reviewed process; this adult worksheet is outside those uses.

Scope

For adult, nonclinical sessions. It is a starting draft for professional review, not a universal waiver, a legally guaranteed consent form, or a substitute for ongoing consent.

Display the scope paragraph in full; no checkbox substitutes for explanation. No touch option is preselected.

Customization checklist

- ☐ Replace every shaded [bracket] field with your practice details, or delete the line.
- ☐ State the return method: completed forms come back only through the channel your practice designates, never to HolisticHealer.net.
- ☐ Remove this instruction page before giving the file to a client.
- ☐ Fill in the actual service and discuss it aloud.
- ☐ Do not imply that agreeing to a session waives legal rights.
- ☐ Keep payment/cancellation policies separate from bodily consent.
- ☐ For minors, medical settings, or regulated services, obtain a separately reviewed process; this adult worksheet is outside those uses.

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