

I, Suzanne Cerny, am a Massage Therapist. I am not a licensed physician. Massage therapy services for healing purposes are not licensed by the state of California. I am certified as a Massage Therapist #4155 by CAMTC allowing me to practice in any California city.

I perform Swedish Massage combined with deep tissue, sports medicine and hot stone therapy. These techniques improve circulation, relieve pains and aches and combined with pressure point therapy relax not only specific muscles but the entire body. I combine this with energy modalities such as Shiatsu, Deep Tissue, Reflexology, Acupressure, Craniosacral, and Reiki

I have received my training and education at the 1990 NHI Massage Institute, Emeryville California 600 Hours including certification in Swedish, Shiatsu, Deep Tissue, Reflexology, Sports Massage, and Kinesiology. Additional education includes Acupressure Institute Berkeley, Reflexology as well as Hot Stones training and Workshops: Chair Massage, Craniosacral, Reiki Massage, Advanced Shiatsu, hospital patient laying on of hands, SF Presbyterian Hospital. Geriatric massage and on-site chair massage, Pre-natal and infant massage. On-site specific work with musicians, artists and dancers.

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 Suzanne Cerny and Suzanne Cerny's training and education. I have discussed with Suzanne Cerny the nature of the services to be provided. I understand that Suzanne Cerny 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 Suzanne Cerny, and agree to be personally responsible for the fees of Suzanne Cerny in connection with the services provided to me.

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

(name of client)