



Health Center of Integrated Therapies

A SERVICE OF LONGMONT UNITED HOSPITAL

1551 Professional Lane, Suite 125

Longmont, CO 80501

Phone (303)651-5188 Fax (720)494-4741

WATSU® CONSENT

DIRECTIONS

Location/Time: Watsu is provided at the main hospital campus at Longmont United Hospital warm therapy pool, 1950 Mountain View Avenue, Longmont. Meet your therapist in the hospital main lobby at Physical Medicine. For your first Watsu appointment, please arrive 15 minutes prior to your appointment.

What to Bring: 1) Your completed your health history form, Watsu Consent and Consent to Treat forms, 2) your driver's license or other photo ID as a required patient identifier for your patient file, 3) bathing suit, 4) towel and 5) bottle of water. Ear plugs are optional and available for purchase at your appointment. Shower facilities are also available before and after your Watsu appointment.

Contact: To make or change an appointment, please call (303)651-5188.

WATSU HEALTH HISTORY QUESTIONS

If you have medical diagnosis for a health condition, please list _____

Have you received Watsu® before? Yes No

Are you comfortable in water? Yes No

Do you have any skin conditions or open wounds? Yes No

Do you have sensitivity to chlorine? Yes No

Do you have sensitivity to heat? Yes No

Do you have neck or back problems, loss or diminished sensation, numbness or tingling not previously disclosed in your health history form? Yes No

Will you need assistance with dressing or getting in or out the pool? Yes No

Do you use any assistive devices? (wheelchair, walker, cane, hearing aid, etc.) Yes No

CONSENT TO WATSU

I, _____, being _____ years of age and residing at _____

_____, do hereby voluntarily consent to be treated by Watsu® administered by a registered massage therapist in the state of Colorado and Certified Watsu® practitioner with the Health Center of Integrated Therapies – a service of Longmont United Hospital. (See list below.) I understand that Watsu is performed in a warm therapy pool and may use flotation device(s) to assist with the treatment. The procedure has been fully explained to me. I understand that no guarantees concerning its use and effects are given to me, and that I am free to stop Watsu treatment at any time. I understand that if any of my medical conditions change during the course of treatment, I will inform the therapist.

If I have any complaints regarding the treatments I receive or wish to report any inappropriate behavior by a massage therapist, I may contact the Director of the Health Center of Integrated Therapies, Longmont Medical Campus, Longmont United Hospital, at (303) 651-5188, address at 1551 Professional Lane, Suite 125, Longmont, CO 80501. If I have any complaints regarding the treatments I receive or wish to report any inappropriate behavior by a massage therapist, I may also contact the Department of Regulatory Agencies at (303) 894-7690. Their address is: Office of Massage Therapist Registration 1560 Broadway Suite 1300 Denver, CO 80202.

I have carefully read, understand all of the foregoing, and therefore I am fully aware of what I am signing.

(Patient, parent or guardian)

(Date)

Registered Massage Therapist CO Registration

Diane Arnett, RMT MT-940

Amy Belchinsky, RMT MT-6496

Casey Gleason, RMT MT-1552

Stacey Gilbert, RMT MT-3072

Kala Spangler, RMT MT-1263

Rebecca Stevens, RMT MT-4338