



Tedeschi Chiropractic & Wellness Center  
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### AromaTouch Consent Form

Please read carefully and sign before receiving therapy. All information provided is confidential and will not be given out to anyone.

I, \_\_\_\_\_ understand that the AromaTouch Technique I receive is provided for the purpose of addressing stress, toxic insult, inflammatory response and autonomic imbalance. The AromaTouch Technique is designed to manage these systematic constants and return the body to a state of balance.

If I should experience any discomfort during the session, I will immediately inform Amy Gregerson so that the pressure may be adjusted. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment. I understand that Amy Gregerson is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness.

I give my consent for Amy Gregerson to use the AromaTouch Technique for applying essential oils. I understand that this technique requires the direct skin contact of my back, feet, and head. I also understand that Amy Gregerson is not a licensed massage therapist but rather a trained AromaTouch Technique specialist.

Client shall indemnify and hold Amy Gregerson harmless from any loss or liability arising from services provided.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*FOR YOUR BODY, MIND AND SPIRIT*