



FYZICAL Collin Creek
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Hijama and Health Coaching Consent Form

Name:

Date of Birth:

E-mail:

Phone Number:

Emergency contact name and phone number:

Do you have any contagious diseases including HIV/AIDS?

Do you have any bleeding disorders or other major health concerns? Please explain:

Client Acknowledgement

- I consent to procedures by FYZICAL Therapy and Balance Centers and realize that I have the right to refuse any procedure after having the risks and benefits explained to me.
- I am responsible for all charges and to be paid in full at the time of the appointment.
- I authorize the release of information acquired during my session including but not limited to medical records, electronic media, and oral communications, to physician, and the following (ie. Spouse, family member, friend: _____).
- I authorize phone, e-mail, and/or text messaging regarding my session and appointments to be left with persons or machines at the phone numbers provided.
- I have received and/or been offered a copy of the facility's Notice of Information/Privacy Practices has been provided to me.
- A \$35.00 will be charged for returned checks.
- Should 60 days pass from the due date, an account will be placed with a collection agency and a \$35.00 collection fee will be charged.
- I understand that I will be charged a fee of \$25.00 for a cancellation or missed appointment without 24-hour notice.

Hijama

Hijama procedures performed by Brian Graf are non-medical procedures. More specifically, he does not examine, diagnose, treat, offer to treat, cure, or attempt to cure any physical or mental disease or disorder, or any physical deformity or injury. He does not prescribe any drugs or medications or recommend change of dosage or discontinuation of any prescribed drug or medication. If you have a health emergency or in need of any medical treatment, consult your Primary Care Physician. This is strictly religious and spiritual based practice, per guidelines of the sunnah of our Messenger (ﷺ).

- Advice before a hijama session
 - Ensure that it is safe for you to receive hijama by speaking with the hijama practitioner and your Primary Care Physician.
 - Please ensure you have taken a shower before the session.
 - Do not eat for 2-3 hours before the session, but drinking water is encouraged.
 - No aggressive exfoliation, 4 hours after shaving, or after a sunburn.
 - Trim hair if you want cupping on a hairy part of the body.
 - Do not do hijama if you have donated blood in the last 4 weeks.
- What to bring to your appointment
 - Comfortable and loose clothing that may get a little blood on it.
 - A towel for draping and comfort.
 - Water and a small snack to have after hijama.
- Advice after a hijama session
 - You may eat and drink lightly immediately after a hijama session.
 - Hydrate plenty to rebalance fluid levels.
 - If you can, please wait to shower until the following day. Otherwise, please ensure that the cupped area is thoroughly dry.
 - Avoid strenuous physical activity for at least a full day.
 - Do not rub or scratch the areas cupped until fully healed.
 - In general, always listen to the body. Allow adequate rest as this will ensure a speedy recovery and straight-forward recovery. Do not push the body beyond its limits as this will strain the natural healing process.
 - Wait at least 4 weeks to do hijama again in the same area; wait 12 weeks for blood donation.
 - Avoid exposure to extreme temperatures for 24 hours.
- I understand the contraindications and indications for cupping/hijama. I have fully disclosed all health factors to the practitioner to avoid any complications.
- I agree to communicate to the practitioner any physical discomfort or draping issues during the session.
- I understand that there is the possibility of discolorations that can occur for the release and clearing of stagnation and toxins from my body. I also understand that this reaction is not bruising, but due to cellular debris, pathogenic factors, stagnation, and toxins being drawn to the surface to clear away from my circulatory systems. I further understand that the discolorations usually dissipate from a few hours to more than 2 weeks in some cases and in relation to my after-care activities.
- I give permission to the practitioner to use a small blade to make an incision on my body at the surface of the skin to draw a small amount of blood according to his professional discretion.
- I give consent for the practitioner to use infrared heat, hand massage, massage cupping, fire cupping, and/or dry cupping to increase the circulation before cutting the skin.
- I understand that the amount of blood withdrawn varies depending on the individual, and of the physical condition of the individual. The amount of blood withdrawn could be a little as to what is taken out in a simple lab test, to as much as from a blood donation (not exceeding 500ml).
- I understand that there is a risk of fainting and a change in blood pressure.
- I understand that results may vary and may have a change in energy levels. The results may not be immediate after each session and should stay active for 2 hours while avoiding sleeping.

- I authorize the release of my complete health record to the practitioner to perform cupping/hijama, coordinate, or manage my health care and any related services.
- I give consent for video and/or photographs to be taken of me by the practitioner or representative.
- I accept the liability or expenses resulting from any illness, injury, or other unwanted occurrence arising from the session.
- To the best of my knowledge, I confirm that my mental and physical health and fitness is good and that the information I provided to the practitioner is true and accurate. I understand that giving false information or withholding information endanger both my own safety and that of the practitioner.
- I agree to allow the cupping/hijama practitioner to perform cupping/hijama. I also agree that I have read, understand, and will follow all the information stated above.
- I consent to include health coaching during my hijama session.

Health Coaching

A Health Coach facilitates the process of behavior change and helps you move closer to your wellness vision by creating a personalized and strategic action plan. You can expect your coach to listen with curiosity and empathy, ask powerful questions and hold you accountable to your commitments. Through coaching you are empowered to initiate change and set personally motivating session goals to address a variety of concerns, such as lifestyle, exercise, attitude, and nutrition. Throughout the process, your coach will work beside you as a collaborative partner on your journey, helping draw out of you what you already know, believe, and desire.

Coaching services are not medical advice, nor do they replace services such as those provided by Registered Dietitians, Physical Therapists, Medical Doctors, Nurse Practitioners, Chiropractors or any other health professional. Coaching services are a supplemental service to any of those health-related services you may need to pursue. Health coaching considers mind, body and spirit in terms of thoughts, beliefs and behavior empowering you to make positive changes in your life to feel more fulfilled with your overall wellness. Health Coaching is not therapy and does not substitute for psychotherapy or medical care and may not be appropriate for everyone. Professional psychological and medical care are always an important part of a healthy lifestyle and recommended.

The health coach must be aware of all your health conditions due to potential contraindications. I have disclosed all such conditions. I will also update any changes to my health in future sessions. Follow-up care must be adhered to and followed by anyone that has been recommended to do so by any other medical professional. You acknowledge and agree that it is your responsibility to discuss your health and wellness information with your primary care provider and other overseeing medical professionals, as necessary. I hereby request and consent to the performance of health coaching. I understand that the health coach shall not be liable for any damage arising from personal injuries sustained by a client during or after a session and participates in each session at his/her own risk. Client assumes full responsibility for any injuries or damages which may occur during and/or after a session.

I hereby fully and forever release and discharge the health coach from all claims, demands, damages, rights of action, present and future therein. All information will be kept strictly confidential and will remain with your health coach unless written consent is given. Your signature below indicates that you have read this form and voluntarily agree to the terms. This consent will remain active for each future session, rather it be in person or virtually.

Client Signature:

Date: