

**CranioSacral Therapy Informed Consent Form**

**Craniosacral therapy defined:**

CranioSacral Therapy (CST) is a gentle, hands-on modality that releases tensions deep in the body to relieve pain and dysfunction and improve whole-body health and performance. CST techniques manually manipulate soft tissue in the body and plates of the skull. Benefits of CST include relaxation, stress reduction, enhancement of circulation and nerve function, improvement in range of motion, and reduction of tension, soreness and pain.

**Limitations of CranioSacral Therapy and adverse reactions:**

CranioSacral Therapists/ Bodyworkers/ Massage Therapists do not diagnose medical diseases or prescribe medications. CST is not a substitute for medical examination and treatment. They cannot counsel clients about emotional or spiritual issues. If you experience symptoms that lead you to believe that you may have a medical condition, it is recommended that you visit a physician for diagnosis and treatment. CST may lead to adverse reactions in certain situations or when used with certain conditions or medications. The CST therapist will evaluate your CST screening document and ask you questions to make sure it is safe for you to receive CST. In the event that the CST therapist is uncertain that CST will be of benefit to you, she may refer you to another professional. Please provide complete details of medical conditions and medications to your CST therapist during the health-intake interview. Failure to inform the CST therapist of all medical conditions may place you at increased risk for adverse reactions.

**Expectations and Rights:**

The patient is expected to demonstrate good hygiene and not use illegal drugs or alcohol before the session. Sexual behavior, in any form, from the patient toward the therapist is inappropriate and will lead to termination of the session and refusal of further service. The patient has a right to prompt, professional service in an environment that is clean, private, and safe. Patient information is not shared with any members of the public or other health-care providers unless the patient releases the information in writing or if requested by a court of law.

**Your CranioSacral Session:**

At your initial visit, the therapist will review the CST screening document with you, discuss your goals for the session, and then customize the session to meet your specific needs within the limits of her training and scope of practice. All therapy is performed fully clothed. The therapist will make sure you are comfortable, however, if you feel any discomfort or pain whatsoever, please tell the therapist immediately.

CST sessions are 60 minutes long, which include intake document review (done only during the initial session; at subsequent visits your therapist will ask and you should share any needs/ concerns before the session begins), and discussion of treatment plan. To maximize your time with the CST therapist, please complete your paperwork in advance.

**Informed consent:**

I have read and understand this information, and I would like to receive a CranioSacral Therapy session.

\_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name (printed)

\_\_\_\_\_ Today's date