

CranioSacral Therapy Informed Consent

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. As the client, if you experience symptoms that leads you to believe you have a medical condition, it is recommended to visit a licensed 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 client is expected to demonstrate good hygiene and not use illegal drugs or alcohol before the session. Sexual behavior, in any form, from the client/ guardian toward the therapist is inappropriate and will lead to termination of the session and refusal of further service. The client has a right to prompt, professional service in an environment that is clean, private, and safe. Client information is not shared with any members of the public or other health-care providers unless the client releases the information in writing or if requested by a court of law.

Your CranioSacral Session:

At the initial visit, the therapist will review the CST screening document, discuss the client's goals for the session, and then customize the session to meet the client's specific needs within the limits of her training and scope of practice. All therapy is performed fully clothed.

CST sessions are 60 minutes long, which include intake document review during initial visit. To maximize your time with the CST therapist, it is recommended to complete paperwork in advance.

Informed consent:

By signing this, I understand that CranioSacral Therapy is not a substitute for standard medical care, and that I have indicated known medical conditions. I accept responsibility to alert the practitioner to any changes in my health status, including medication changes. I acknowledge that it is my choice to receive CranioSacral Therapy with an understanding of the risks and benefits, I voluntarily agree to assume responsibility for those risks.

I give my consent for treatment. I release and hold harmless Emily Klik from any past, present, and future claims. I understand that there is no stated guarantee for effectiveness of treatment.

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

Printed name of client _____ Date of Birth _____

Signature of Client / Parent/ Guardian _____ Today's date _____

Printed name of parent/ guardian if applicable: _____

DOB of parent/ guardian if applicable: _____