



Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Referred by:

Friend, Who? \_\_\_\_\_

Flyer or Ad, Where? \_\_\_\_\_

Health Professional, Who? \_\_\_\_\_

Other \_\_\_\_\_

You are experiencing pain, soreness, or tension in (circle):

Head Jaw Neck Shoulders Arms Wrists Hands

Upper back Mid-Back Lower back Chest

Buttocks Abdomen Groin Thighs Knees

Calves Ankles Feet

Other \_\_\_\_\_

Explain in detail anything related to circled items

above \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Surgeries \_\_\_\_\_

\_\_\_\_\_

**Injuries** \_\_\_\_\_  
\_\_\_\_\_

**Previous  
Treatments** \_\_\_\_\_  
\_\_\_\_\_

**Current  
Treatments** \_\_\_\_\_  
\_\_\_\_\_

**Current  
Medication** \_\_\_\_\_  
\_\_\_\_\_

*Cancellation Policy: Must give at least 24 hours advance notice or there will be a \$25 charge.*

## **Informed Consent**

**I acknowledge that I am of sound mind and body to receive CranioSacral therapy.**

**I understand that CranioSacral Therapy is for the purpose of stress reduction, releasing trauma, increasing energy flow and balancing out the nervous system.**

**I acknowledge that the practitioner does not diagnose illness, disease or any physical or mental disorder; does not prescribe medical treatment or pharmaceuticals. It is clear to me that these sessions are not a substitute for medical examinations and or diagnoses and that it is recommended that I see a physician for any physical ailment.**

**I have stated all my known medical conditions and take it upon myself to update the therapist on my health during subsequent sessions.**

**I realize that 24 hours notice is required for an appointment cancellation. Should I fail to give sufficient notice, I will be responsible for a fee of \$25 for a late cancellation or a no-show. Payment for service is due and payable at the time of the session unless otherwise arranged.**

**I agree to give my body the care it needs to integrate, such as water and rest.**

**Name (Print)** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Guardian (if less than 18 years of age)** \_\_\_\_\_

**Date** \_\_\_\_\_