



Healing Tides

CRANIO-SACRAL THERAPY

Consent Form for Cranio-Sacral Treatment

By signing and dating this form I have read and understand the following points:

1. I understand Cranio-sacral therapy is a gentle hands-on therapy where clients remain fully clothed.
2. I understand Cranio-sacral Therapy may include hand contact under the client's sacrum (the clients bottom), abdomen and upper part of the chest as well as various other contacts on the head, neck, arms and legs.
3. Treatment may include gentle movement of the client's limbs or the head and neck to help facilitate release and relaxation, this is gentle and no strain from the client should be felt.
4. If treatment is required inside the mouth the practitioner will explain this to the client in detail.
5. If clients are feeling nervous or anxious about treatment they are encouraged to bring a chaperone with them.
6. Should clients feel any pain or discomfort during a treatment session they are to voice this to the practitioner.
7. Emotions sometimes arise during Cranio-sacral Therapy treatment sessions; the practitioner will provide support and guidance to the client through emotional release if needed.
8. It is not uncommon to have an emotional response to Cranio-sacral Therapy treatment due to the nature of this type of therapy. Treatment is physically gentle but can go deep on a spiritual, emotional and/or fascial level.
9. Treatment reactions can occur and may include a temporary worsening of symptoms, however this should last **no longer** than 2-3 days duration after treatment.
10. If symptoms worsen considerably after treatment or worsened symptoms persist **beyond 3 days** clients are advised to seek advice from their GP or another qualified health care professional.
11. All information discussed in treatment sessions and contained on written case history documents and written continuation sheet documents is kept strictly confidential.



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12. Parent or Legal Guardian signature is required for treatment of Children under the age of 12 years.

I have read and understood the all above statements and consent to treatment.

Clients Full Name: _____

Date: _____

Signature of Client: _____

Treatment of children.

Childs Full Name: _____

Date: _____

Signature of Parent/Legal Guardian of Child under the age of 12 years:
