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Please read and complete the Cranial Sacral Therapy section only if it applies to you.

If you would like to learn about Cranial Sacral Therapy and its benefits, please ask us, we would be happy to help!

•contraindications of Cranial Sacral Therapy•

absolute contraindications:

- | | |
|--|---|
| <input type="checkbox"/> acute inflammation in the body | <input type="checkbox"/> brain tumor |
| <input type="checkbox"/> severe or open head wounds | <input type="checkbox"/> cerebral edema |
| <input type="checkbox"/> skull fractures | <input type="checkbox"/> hematoma |
| <input type="checkbox"/> recent heart attack | <input type="checkbox"/> cerebral hemorrhage |
| <input type="checkbox"/> recent stroke | <input type="checkbox"/> cerebral aneurysm |
| <input type="checkbox"/> infection whose course is unclarified | <input type="checkbox"/> uncontrolled high blood pressure |

precautions:

- | | |
|---|--|
| <input type="checkbox"/> acute, severe pain | <input type="checkbox"/> auto-immune disorder |
| <input type="checkbox"/> recent concussion | <input type="checkbox"/> disease & disorder affecting the nervous system |
| <input type="checkbox"/> fresh injuries to head, spine, or sacrum | <input type="checkbox"/> Schizophrenia, severe psychological illness |
| <input type="checkbox"/> whiplash | <input type="checkbox"/> osteoporosis |
| <input type="checkbox"/> epilepsy | <input type="checkbox"/> recent severe fall, accident, or operation |

•client agreement•

It is my choice to receive Cranial Sacral Therapy (CST). I am aware of the benefits and risks of CST and give my consent for CST. I understand that there is no implied or stated guarantee of success of effectiveness of individual techniques or series of appointments. I acknowledge that CST is not a substitute for medical care, medical examination, or diagnosis. I have stated all medical conditions that I am aware of and will inform my practitioner of any changes in my health status.

Signature

Date