

# ***Craniosacral Care Informed Consent Form***



I understand that Gloria Flores is a California State Certified Massage Therapist, allowed to perform all the services contained within the scope of practice of her California State Massage Therapy Certification.

I further understand that Gloria Flores is trained and certified in Craniosacral Therapy by the Upledger Institute, and that at Craniosacral Care she specializes in Craniosacral Therapy. I understand that she will use Craniosacral Therapy to help me reduce my stress, enhance the quality of my life, and heal myself. I also understand that my body has the ability to heal itself, and that I might experience some discomfort as emotional issues arise while my body heals itself.

I understand that I am responsible for my own health, healing and well-being. I also understand that Craniosacral Therapy is not a substitute for adequate medical care and I intend to remain under the care of my primary healthcare provider. I agree to use the services of Gloria Flores and Burbank Craniosacral Therapy to help me learn how to reduce my stress, enhance the quality of my life, and heal myself.

**Policies and Procedures:** I understand that Gloria Flores charges an hourly fee, due at the time her services are rendered. I further understand that Gloria Flores will not accept responsibility for my decisions, and she will not make any decisions for me. I understand that I am responsible for my own decisions regarding my health, nutrition, wellness, and any interventions I decide to try. I understand that Gloria Flores will keep any information learned about me completely confidential unless I provide a written release, or as required by law.

I understand that if I have, or think I have, a medical concern, a psychological or emotional concern, Gloria Flores will use Craniosacral Therapy to help me reduce any related stress, and if requested, she will refer me to a licensed counselor or medical physician for further assistance.

I acknowledge I have read and understand this form. I agree to allow Gloria Flores to help me learn to self-heal using the natural healing techniques and modalities herein listed.

**Client Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_