

Burbank Craniosacral Therapy 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 Burbank Craniosacral Therapy 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 I am healing myself.

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 how to self-heal using the natural healing techniques and modalities herein listed.

Client Name: _____

Address: _____

Phone: _____ **Email:** _____

Signature: _____ **Date:** _____