

Wind Touch Healing, LLC
Consent to Treatment Form with Massage/Craniosacral Therapy

By signing below, I hereby voluntarily consent to be treated with massage and/or Craniosacral therapy from a certified massage therapist and/or licensed acupuncturist at *Wind Touch Healing*. I understand that the massage therapist/acupuncturist practicing in the state of Wisconsin is not a primary care provider and that regular primary care by a licensed physician is an important choice that is strongly recommended by this clinic's practitioner.

Massage/bodywork: I understand that the massage/ bodywork I receive is provided for the basic purposes of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should seek a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnosis, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there will be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

Craniosacral Therapy: I understand that craniosacral therapy is a light-touch manual therapy that addresses restrictions in the craniosacral system-the membranes and fluid that surround and protect the brain and spinal cord. These restrictions could cause any number of sensory, motor, or neurological disabilities. This vital system extends from the bones of the skull, face, mouth, which make up the cranium, down to the sacrum, or tailbone area. This procedure is performed on a fully clothed body. Using a light touch – generally no more than the weight of a nickel – the practitioner monitors the rhythm of the craniosacral system to detect potential restrictions and imbalances. The therapist then uses delicate manual techniques to release those problem areas and relieve undue pressure on the brain and spinal cord. This results in a central nervous system free of restrictions. And a body that's able to return to its greatest levels of performance.

Client's Signature _____ **Date** _____

Client's Printed Name _____ **DOB** _____

Address _____

City _____ **State** _____ **Phone** _____

Practitioner's Signature _____ **Date** _____

Consent to Treatment of Minor: By my signature below, I hereby authorize practitioners employed by *Wind Touch Healing* to administer massage, bodywork, somatic therapy techniques and/or Craniosacral therapy to my child or dependent as they deem necessary.

Printed Child's Name _____ **DOB** _____

Signature of Parent or Guardian _____ **Date** _____

Printed Name of Parent or Guardian _____