

Amy Rinkevich RN
RN9188428
813-951-0770

I have made the decision to receive craniosacral therapy. I understand that craniosacral therapy is for the benefit of my body and mind. This includes a variety of craniosacral techniques, including stress reduction, relief from muscular tension, spasm or pain, or for increasing circulation or energy flow. I agree to communicate with my therapist any time that I feel my well being is in jeopardy.

I further understand that craniosacral therapists do not diagnose illness, disease or any physical or mental condition, nor do they prescribe medical treatment, medications or perform spinal thrust manipulations. I understand that craniosacral therapy is not a substitute for medical examination or diagnosis and that it is recommended that I see a primary health care provider for such services.

I have disclosed all known medical conditions and will continue to update the craniosacral therapist of any changes in my health.

Signature: _____

Date: _____