**Essence Vitality**

780.868.5227 info@essencevitality.com [www.essencevitality.com](http://www.essencevitality.com)

***CRANIOSACRAL MASSAGE INFORMATION FORM***

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| --- | --- |
| Name: | Birth Date (mm/dd/yy):  |
| Address (Street): | Age: |
| (City): | Best Phone #: |
| (Province):(Postal Code): | Email Address: |
| Occupation: | Permission to Email (Yes or No): |
| Referred By: | Marital Status: |
| Health (Excellent, Good, Fair, Poor): | Children #: |
| Have you had any recent illnesses, accidents, injuries, or hospitalizations (Yes or No): | If yes, please specify: |
| CranioSacral Therapy is contraindicated in conditions of increased intracranial pressure (pressure within the skull). This may be present with acute (sudden) brain hemorrhage or brain aneurysm. Have you recently been medically diagnosed with increased intracranial pressure (Yes or No): | If yes, please explain: |
| \*Have you received any vaccine (within the last 10 weeks)? \*The Flu Vaccine (specifically) (within the last 10 months)?\*Or chemo and/or radiation therapy (within the last 2 years)? | [ ]Yes or, [ ]No If yes, when:\_\_\_\_\_\_\_\_[ ]Yes or, [ ]No If yes, when:\_\_\_\_\_\_\_\_[ ]Yes or, [ ]No If yes, when:\_\_\_\_\_\_\_\_ |
| \* Please refrain from booking any appointment with Essence Vitality, due to those who are severely immune-compromised or sensitive, if: (1) you have been recently vaccinated (3 months from time of last vaccination, applies to all vaccines, excluding flu shot/influenza vaccination; (2) you have received the flu shot/influenza vaccination (10 months from time of last vaccination); (3) you are receiving or have received chemo and/or radiation therapy within the last two years (an alternate practitioner referral will be given). |
| Emergency Contact Name: | Contact Phone: |

***AUTHORIZATION***

I have completed the information on this form to the best of my knowledge. I understand that although Biodynamic CranioSacral Massage sessions are beneficial, it is not to be mistaken for a medical procedure nor to take the place of a medical doctor’s care. I authorize Monique C. Bilodeau-Nestmann (NHPC #13005), registered practitioner with the Natural Health Practitioners of Canada, to provide CranioSacral Massage sessions to myself or the minor listed on this page. I understand that CranioSacral Massage Therapy is not chiropractic care. I understand that Biodynamic CranioSacral Massage sessions are not for the purpose of treating symptoms nor disease conditions for my body. I understand that I will receive Biodynamic CranioSacral Massage sessions for ease of restrictions in the fascia of my body that affect the dynamics of my CranioSacral rhythm.

Any information exchanged before, during or after a Biodynamic CranioSacral Massage session is for the purpose of providing the best possible service and will be kept confidential. Essence Vitality Wellness & Coaching Inc. and Monique C. Bilodeau-Nestmann (NHPC #13005), registered practitioner with Natural Health Practitioners of Canada, are not responsible for the aggravation of conditions for which I had been medically advised against receiving Biodynamic CranioSacral Massage sessions for which I did not disclose.

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

***CONSENT TO CARE FOR MINOR***

I hereby give consent to this office for the care of the above mentioned minor (under 18 years old). I allow permission for the above mentioned minor to receive Biodynamic CranioSacral Massage.

Signature of Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_