

Annie Hoag RN, IBCLC, CST  
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Anniehoag.com  
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### **Consent for CranioSacral Therapy**

I understand that Craniosacral Therapy is complementary to the allopathic medical care you would receive from your licensed physician and is not to replace continued care from your doctor. It is recommended that you inform your pediatrician of any care your baby is receiving outside their office.

Craniosacral Therapy is a very gentle hands-on therapy that supports and stimulates the body's own innate healing capacity. Through gentle assessment of the body's tissues areas of tension, restrictions, imbalances can be felt. Infant Craniosacral therapy has been increasingly used to help with difficult births, breast/chestfeeding problems, latching issues, torticollis, colic, reflux, digestive problems, spitting up, body asymmetries, pre and post tongue tie revisions, hard to soothe babies, and more.

I understand that results from a therapy session can not be guaranteed and that it may take 1-4 sessions to achieve relief of the issues for which we are seeking therapy. In some cases, my provider may feel that this modality may not be sufficient for the issues we are trying to resolve and she will consult with us accordingly and suggest referrals for other helpful health modalities. I have discussed this modality of care with Annie and know the benefits and any risks associated with Craniosacral therapy.

I understand that I am responsible for my child's healthcare, healing and well being. I also understand that CranioSacral Therapy is not a substitute for adequate medical care, and I intend to keep my child under the care of his or her primary healthcare provider. I understand that I am responsible for my own decisions regarding my child's health, nutrition, wellness, and any interventions I decide to try for my child. I consent to this type of care for my baby and will be present throughout the treatment.

Any health information given to better facilitate treatments will be kept confidential. Any treatment notes will only be shared with my consent.

I have read and reviewed Annie Hoag's payment policies and understand that I am responsible for all charges associated with this visit. Any adjustments made between the client and the provider will be honored by both parties.

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