



HEATHER HOLISTICS
NATUROPATHIC CLINIC

231 N Third Avenue

Suite 102

Sandpoint Idaho, 83864

Biodynamic Craniosacral Therapy

Informed Consent to Practice Sessions

Name _____ Date _____ Phone(s): _____

_____ Email _____

Address _____

Birth Date _____ Age _____

I understand and consent to practice sessions from Brooke Heather whom is in training as a Craniosacral Therapist with Body Intelligence. This is a relational touch technique.

I understand it is my responsibility to communicate any uncomfortableness with touch. Emotions may arise as part of the process and it is a normal response. A healthy release should be allowed (not controlled by holding in).

I understand these sessions are primarily learning about the body's expression of different motions and patterns. It is the nature of the work that my own healing process may emerge. No payment is required.

I have had the opportunity to discuss any questions about this form of craniosacral therapy and feel satisfied that is not to address any specific health problem. Rather, it is to support the body's innate intelligence in its healing and balancing process. I agree to offer feedback to enrich Brooke's learning experience.

It may be beneficial for me to gain additional support and treatment from a more experienced therapist. Certainly, any health concern should be consulted with the applicable professional(s).

I consent this professional relationship and reserve my right to discontinue at any time. As a practice client, I consent to my case notes being submitted to a course tutor for discussion.

Client signature

Date

Therapist's signature

Brooke Heather, Naturopath
CTN, HHP, QNT, CBS
NaturopathicClinic.info
Office (208)231-7149
Text (208)255-5444