

**Client Consent Form for Craniosacral Therapy/JSJ/PSE
Inphinite Wellness LLC**

Client Name: _____
Date of Birth: _____
Phone Number: _____
Email: _____

Introduction

Craniosacral Therapy (CST) is a gentle, hands-on therapy that aims to release tensions deep in the body to improve overall well-being. CST focuses on the craniosacral system, which includes the membranes and fluid surrounding the brain and spinal cord. While many clients experience relaxation and relief from various conditions, CST is a complementary therapy and not a replacement for medical treatment.

Psychosomatic Energetics (PSE) is a complementary therapy that aims to identify and release emotional blockages that may contribute to physical and emotional imbalances. Using bioenergetic testing and homeopathic remedies, PSE seeks to restore the body's energetic balance. While many clients report improved well-being, this therapy is not a substitute for medical or psychological treatment.

Jin Shin Jyutsu is a gentle, non-invasive energy healing art that harmonizes the body's energy flow using light touch on specific points. This practice aims to promote relaxation, reduce stress, and support overall well-being. While many clients report beneficial effects, Jin Shin Jyutsu is a complementary therapy and not a substitute for medical or psychological treatment.

Consent & Acknowledgment

By signing this form, I, the undersigned client, acknowledge and agree to the following:

1. Voluntary Participation

- I understand that Craniosacral Therapy is a complementary therapy, and my participation is voluntary.

2. Not a Replacement for Medical Treatment

- I acknowledge that CST is not intended to diagnose, treat, or cure any medical condition.
- I understand that this therapy should not replace medical care from a licensed healthcare provider.

3. Potential Benefits & Risks

- I understand that CST may help alleviate stress, tension, and discomfort, but individual results may vary.
- I acknowledge that I may experience temporary discomfort, emotional release, or fatigue following a session.

4. Medical Conditions & Consultation

- I affirm that I have disclosed any medical conditions, injuries, or concerns that may be affected by CST, including recent head trauma, neurological disorders, or spinal issues.
- I understand that if I have any health concerns, I should consult my healthcare provider before receiving Craniosacral Therapy.

5. Confidentiality

- I understand that my personal health information will be kept confidential and will not be shared without my consent, except as required by law.

6. Release of Liability

- I agree to release Inphinite Wellness LLC and its practitioners from any liability for any adverse effects or perceived lack of results from Craniosacral Therapy.
- I acknowledge that I assume full responsibility for my own health and well-being during and after treatment.

Client Acknowledgment & Signature

I have read and understood this consent form. I have had the opportunity to ask questions and have received satisfactory answers. I voluntarily consent to receive Craniosacral Therapy at Inphinite Wellness LLC.

Client Signature: _____

Date: _____

Practitioner Name: _____

Practitioner Signature: _____

Date: _____
