



Craniosacral Therapy (CST), Visceral Manipulation, and Hydrotherapy
Consent Form

I hereby request and consent to the service of craniosacral therapy, visceral manipulation, and/or hydrotherapy/thermotherapy which falls under the heading of "osteopathic manipulation treatment (OMT)" and other physical medicine therapies within Dr. Danny Dowling's, medical scope and training. These include various modes of osseous manipulation, stretching, cupping, massage, thermotherapy, and hydrotherapy, to be performed on me by a registered Naturopathic Doctor.

I understand that I will have an opportunity to discuss with Dr. Danny Dowling, ND or with other clinic personnel the nature of Craniosacral therapy treatment and other procedures. I understand that 4-6 sessions are needed to assess whether the CST or other procedures are a good choice for the complaint and produce changes for the patient.

I am informed that, as in all health care, in the practice of Craniosacral therapy or other indicated physical medicine treatments; there may be very slight risks to treatment, including, but not limited to, muscle strains and ligament sprains, bruising, light-headedness/dizziness, tenderness, or even an exacerbation of the chief complaint or symptoms for 24-28 hours.

To minimize risk and avoid contraindications to treatment, I will discuss my case and share any medical diagnoses, labs, and/or imaging related to the current chief complaint with Dr. Dowling.

I do not expect Dr. Dowling to be able to anticipate and explain all risks and complications of the work. I wish to rely on his good judgment during the treatment which he feels at the time, based upon the facts that are known, to be in my best interests.

I have read the above consent. I have also had an opportunity to ask questions about this consent, and by signing below, I agree to the above-named procedures. I intend this consent form to cover the entire course of the treatment for my present condition and for any future condition(s) for which I seek treatment.

Printed Name _____

Signature _____

Date _____