

Wellness Facilitator
SANTINA GIORDANO



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INFORMED CONSENT FORM

I understand that Santina Giordano is trained in Craniosacral Therapy by the Upledger Institute, and that she specializes in Craniosacral Therapy and EFT. I understand that she will use these modalities to help me reduce my stress, enhance the quality of my life, and heal myself. I also understand that my body has the ability to heal itself, and that I might experience some discomfort as emotional issues arise while I am healing myself.

I understand that I am responsible for my own health, healing and well-being. I also understand that Craniosacral Therapy and EFT are not a substitute for adequate medical care and I intend to remain under the care of my primary healthcare provider. I agree to use the services of Santina Giordano to help me learn how to reduce my stress, enhance the quality of my life, and heal myself.

Policies and Procedures: I understand that Santina Giordano charges an hourly fee, due at the time her services are rendered. I further understand that Santina Giordano will not accept responsibility for my decisions, and she will not make any decisions for me. I understand that I am responsible for my own decisions regarding my health, nutrition, wellness, and any interventions I decide to try. I understand that Santina Giordano will keep any information learned about me completely confidential unless I provide a written release, or as required by law.

I understand that if I have, or think I have, a medical concern, a psychological or emotional concern, Santina Giordano will use Craniosacral Therapy and EFT to help me reduce any related stress, and if requested, she will refer me to a licensed counselor or medical physician for further assistance.

I acknowledge I have read and understand this form. I agree to allow Santina Giordano to help me learn how to heal myself using the natural healing techniques and modalities herein listed.

Client Name:

Address:

Phone:

Email: _____

Signature:

_____ **Date:** _____