



## Awakening Wellness

### Consent for Treatment

I \_\_\_\_\_ understand that I am responsible for payment if I cancel with less than 24 hours notice.

I request and consent to CranioSacral Therapy treatment from Hilary Bilkis. I understand that these sessions may include components of other related modalities such as, but not limited to SomatoEmotional Release, Reiki and Spiritual Response Therapy.

The purpose of these sessions is to release physical and energetic restrictions in the body that may be impairing the functioning of all body systems, causing pain, illness or stress.

I understand that CranioSacral Therapy requires physical contact with my body.

I understand that the particular therapeutic outcomes of these treatments can not be predicted with certainty and no guarantee can be made regarding any particular result or outcome.

I understand that a series of sessions is recommended for optimal results.

This is not a substitute for medical or psychiatric treatment or psychotherapy.

I certify that all medical and social information on the intake form is correct to the best of my knowledge.

Please Date and Sign: \_\_\_\_\_

