



Lightstreams Holistic Health Care PLLC

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Informed Consent to Care BCST

Informed consent is a process by which we provide information to assist you in making an informed choice about your health care. The information we provide enables you to understand and consent to the care we recommend for you, the benefits and risks associated with the care, and alternatives if you choose not to receive the care.

We will conduct some assessment procedures; they will be carefully performed however occasionally they may be uncomfortable. Biodynamic Craniosacral Therapy (BCST) generally involves a very light, non-invasive touch, non-force adjustments of the body tissues and structures. When performing BCST we use our hands to restore mobility, motility, blood flow and fluid exchange to all the body tissues and structures. Potential benefits include restoring normal joint function, body physiology, and reduction of pain, swelling, and inflammation, improving neurological function, homeostasis and general well-being.

It is important that you understand as with all health care approach's results are not guaranteed and there is no promise to "cure". In addition, as with all health care interventions there is some risk to care, including but not limited to: myofascial soreness, aggravating and/or a temporary increase in symptoms, or lack of improvement.

It is also important that you understand there are other treatment options available for your condition aside from BCST; it is likely you have tried many of them already. These options may include, but not limited to: self-administered care, OTC drugs, medical care and prescription drugs, physical therapy, acupuncture, massage, surgery and injections. You have the right to seek other opinions about your condition.

Fee/Payment/Insurance

The sessions are around an hour, the fee is \$95, I accept cash, checks or credit cards (with a small admin fee). I do not accept insurance or third party payments.

I have read (or have had it read to me) the above information. I appreciate that it isn't possible to consider every possible complication to care and I have had an opportunity to ask questions. By signing this document, I consent to the recommended (current or future) BCST care as deemed appropriate for my condition by Dr. Nancy Anne Schrauth and Lightstreams Holistic Health Care PLLC.

Name _____

Signature _____

Date _____