

Jackie Emm, MPH, RCST®
Biodynamic Craniosacral Therapy
199 Spotnap Road, Suite 6A
Charlottesville, VA 22911
(434) 953-7214

Contact Information

Child Name: _____ Date: _____

Parent/Guardian Name: _____

Address: _____

Child DOB: _____ Age: _____ Referred by: _____

Best Phone #: _____ Email: _____

Reason here: _____

Does he/she have any siblings? What ages? _____

Does he/she attend school/preschool/or daycare? _____

Full time/part time - please explain _____

Do the parent(s)/guardians work full time? _____

Has she/he had craniosacral therapy before? _____

Other bodywork/alternative therapies _____

History

Briefly describe his/her birth experience:

Has she/he ever been hospitalized or had any surgeries?

Have there been any head injuries or concussions?

Does she/he have any problems with headaches?

Any illnesses or chronic conditions?

Any digestive issues?

Food or other allergies/sensitivities? Is he/she on a special diet?

Are there any specific structural issues? (ex: sacrum/coccyx, back, neck, shoulder, TMJ, broken bones etc...)

What is your child's stress level and how does he/she cope with stress?

Do you feel like you have support in your parenting?

How is your child's energy level and are there sleep issues?

Has there been any trauma in her/his life?

What are some of your child's favorite things to do?

Consent

I have willingly brought my/this child for a bodywork session, and give my consent for Jackie Emm, Registered Craniosacral Therapist, to perform a craniosacral therapy session with him/her. I certify that I have shared any relevant information with her so that she can make the best decision for the session/treatment. I also understand that she has training in other areas such as the vagus nerve system, and that she may use elements of this in her session. I realize this work is very gentle, but as in any body work, there may be some mild side effects such as a minor head ache, body aches, or some emotional fluctuation due to shifting and releasing of trapped emotion in the body. I understand that if these side effects should arise, they should resolve within 1-3 days (with the normal treatment I would administer for these symptoms), and if they do not, I will let Jackie know. I understand that Jackie is not a psychotherapist/psychologist, but that she could make a referral for my/this child if we should want to seek that kind of treatment.

Parent/guardian signature: _____

Date: _____