

Dear Client:

Please read the following to let you know what you can expect from me during treatment, and also so that I may know what I can expect from you. First of all, the work that I do here on your behalf as an LMT is hands on, soft tissue mobilization. The techniques that I employ are Cranial Sacral Therapy (CST) which finds and releases the soft tissue restrictions which are at the root of your discomfort and any pain that you might have. I also utilize Jones Counterstrain (SCS) which specifically targets muscle tissue dysfunction.

With each of these techniques, I will be assessing your tissues from head to toe, making contact with my hands at your pelvis, front and back, your upper Thoracic (upper chest) area as well as your abdomen, neck, ribs, arms and legs, all with the intent of finding and treating the cause of what could be bothering you.

Are you a person ...

- who realizes that the modality of touch is a powerful way to heal...
- who is open to new ways of healing and working with the body...
- who can commit to the process of healing, and do you know the power of partnering to achieve the goal of your healing...

...then I believe that you can make good progress here.

As my client you can count on me...

- ...to use my hands, my knowledge and my instinct to find the deepest source of your pain, and then to treat your discomfort with the soft tissue technique that your body calls for.
- ...to help you to get positive, lasting results within two to three sessions or I will be upfront and refer you to someone with a different approach.
- ...to be attuned to what's working and what's not working for you and I want you to have the freedom to be upfront with me about that"

As my Client here's what I intend for you:

- My intention is that within three visits, you will experience a solid, lasting improvement in your symptoms.
- My intention is for you to see a more solid, tangible level of improvement, over and above what you received through traditional therapy outlets”
- My intention is that you will feel truly cared about by me, and that you will realize my hope and trust in your recovery.

Finally, Please understand that you are to remain fully clothed during treatment, although I will ask you to remove your belt, shoes, to empty your pockets and also to please turn off or at least silence your cell phone.

I will depend on you to tell me if you uncomfortable in anyway during the session, either with my technique, or with the treatment position, or anything else. Let me know if you need the treatment session to end. Also, if I feel that we need to include some exercises, stretches, or education on the same, then I will be treating you as a Physical Therapist, which will require that you obtain a Physician's prescription for that service.

_____(/ /)
Client Signature and date

_____(/ /)
Gary Collins II, MSPT, LMT, President
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