

Sanctuary for Heart Magic

Informed consent for Care

I hereby request and consent to receive spinal care, including wellness education, in this office by a practitioner who provides Network Spinal Analysis (NSA), a light touch, neurological-based chiropractic approach which has unique outcomes and clinical results. This chiropractor chooses to practice NSA, as she is personally and professional confident in regards to the safety and effectiveness of this form of care.

The purpose of this consent form is to better help me understand the nature of the services offered in this office and our mutual responsibilities. This fosters a more effective relationship and avoids misunderstandings regarding expectations. Having well understood expectations is anticipated to promote a greater sense of safety and healing.

NSA does not attempt to manually, or by instrument, manipulate spinal fixations structurally (often associated with the snapping and popping sound), nor does it directly treat painful areas of the spine and body. *Instead by enhancing my body's awareness of itself and specially the spine, I understand that I can develop new strategies for healing, adapting to stress and experiencing wellness. These strategies promote spontaneous self correction and self-regulation of spinal tension patterns and healing.*

NSA consists of gentle contacts along the neck and back to achieve greater communication between the brain and body, and new sensory motor strategies. NSA adopts an approach associated with somatic (body awareness) training. There is a body of research categorizing NSA care and documenting its unique and significant wellness benefits. I understand that I may receive copies of published research articles and/or abstracts in this office upon request.

I am aware that I will be receiving gentle touch Network adjustments, also called entrainments. Assessments of my progress will include monitoring of my spine and body awareness, responsiveness to inner rhythms, tension and ease patterns. This includes my personal perception of my wellness and awareness of my spine and mind-body changes.

NSA is advanced through a series of levels of care. Each level of care involves the development of new and unique spontaneous spinal wave motions, other body movements, and oscillations. These waves which are suggested to be associated with greater spinal stability, redistribution of energy, and transfer of internal information are also associated with greater wellness, improved quality of life and increased life enjoyment.

It has been explained to my satisfaction, and I understand that the care offered in this office is not a form of, or replacement for, the diagnosis and treatment of any symptom, disease or malady. Instead it is a form of wellness care and self-education that empowers my connection with my body-mind and develops new strategies for spinal-neural integrity. It develops new capabilities in my body for the identification of, spontaneous release of, and redirection of tension, including those unique to NSA.

It is common for people in NSA care to breathe more deeply and fully, engaging the spine with their respiration, to spontaneously adopt postures that release or redistribute tension, to feel an energetic wave move up and down their spine, and to experience more of their inner life energy.

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I understand that it is common to experience a wider range of motion and emotion during care. It is common, as care progresses, to find new options in the body and life, which often lead to significant life changes. *This form of care is not suggested for those individuals who wish to remove a symptom or condition without the occurrence of a fundamental change in their lives.* The care in this office often promotes significant changes in health choices, lifestyle, perceptions, behaviors, habits, thought patterns, emotion and consciousness.

Rather than attempting to simply return me to my previous state, minus my symptom, this care helps me achieve new levels of wellness and life potential that I may never have had before.

This practitioner also utilizes a technique called Somato-Respiratory Integration (SRI). It is designed to help you become aware of your body rhythms and inner wisdom through focused attention, breath, movement, and touch. As a consequence of this heightened awareness, you will develop more inner resources to heal. SRI strengthens your inner connection through helping you develop somatic (body) awareness. This work allows for greater connections between your higher brain and your body, fostering the ability to focus your attention on your body and develop new choices for your body and for your life.

You may experience physical sensations such as energy, vibration, heat, or at times discomfort. During and after some SRI sessions you may experience emotional shifts. Sensations may be subtle, or at times very intense, as one experiences greater depth in his/her range of healing stages.

I have read this consent form to receive Network care and understand that the care in this office is different from what many consumers may expect from traditional chiropractors practicing manipulative therapy. I agree to receive care, which consists of or includes NSA care, SRI and well-being coaching and education. I understand that I am not passive in this process, but that I am an active participant in my care and my healing.

Print Name: _____

Signature: _____ Date: _____

Consent to treat a minor child:

I, _____ being the parent or legal guardian of _____ have read and fully understand the above Informed Consent and hereby grant permission for my child to receive chiropractic care.