

# *Moving in Harmony Craniosacral Therapy, LLC*

4315 Xerxes Ave S  
Minneapolis, MN 55410

3220 Rice Street  
Little Canada, MN 55126



Dear New Client,

I look forward to working with you at my home office, 3220 Rice Street, Little Canada MN 55126. You can view a map on my website at [www.kimpilgrim.com](http://www.kimpilgrim.com). Please call if you need further directions.

Fees are payable the day of service. **Checks, Cash, and Credit Cards are accepted.** Fees are listed on the Client Bill of Rights and on the website.

CranioSacral work takes place primarily on a massage table with the client remaining clothed. I recommend wearing something comfortable. Most people leave feeling more relaxed, centered and grounded. Many feel a degree of symptom relief even after a first session. Conditions that are more chronic often take more sessions. Occasionally symptoms are aggravated by the work as things come to the surface. Some people like to have time following a session to rest, relax and integrate their work while others feel invigorated and ready to tackle the next task.

Drinking more water following our work together will assist the body removing any toxins released from the tissues during the session.

**A 24 hour notice is required if you need to cancel or reschedule your appointment. The full fee will be incurred for late cancel or missed appointments.**

Please feel free to call if you have any questions or concerns.

Warmly,

Kim Pilgrim

Intake date: \_\_\_\_\_

**Client Information**

***Moving in Harmony CranioSacral Therapy LLC***

Kimberly C. Pilgrim, MS  
3220 Rice Street, Little Canada MN 55126;  
4315 Xerxes Av S, Mpls, MN 55410  
[www.kimpilgrim.com](http://www.kimpilgrim.com) (651) 366-1112

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent Names and additional phone numbers if client is a minor:

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Yes No I would like to be added to the newsletter/email list. This is how I contact clients with Holiday special, fee changes, other news.

Referred by: \_\_\_\_\_ Relationship: \_\_\_\_\_

Yes No May I contact the above person to thank for the referral?

Yes No May I contact the above person to discuss reasons for the referral?

What brings you to CranioSacral work at this time?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

General & Medical Information: What is your preferred modality of healthcare? (physician, Chiropractor, naturopath etc)

\_\_\_\_\_  
\_\_\_\_\_

Yes No Do you get regular chiropractic care? If yes, with whom? \_\_\_\_\_

Yes No Have you ever experienced a professional craniosacral session?

Yes No Have you experienced massage or other bodywork?

Yes No Do you exercise regularly? Describe: \_\_\_\_\_

\_\_\_\_\_

How much water do you drink each day?

\_\_\_\_\_

What water source do you use?

\_\_\_\_\_

Describe your basic diet:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes No Do you take supplements? Describe: \_\_\_\_\_

\_\_\_\_\_

Yes No Are you on any medications?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes No Have you ever had surgery?

\_\_\_\_\_  
\_\_\_\_\_

Yes No What level of stress do you feel you are under on a scale of 1-5? 1 2 3 4 5  
Is this work related or personal life stress?

---

---

---

Yes No Do you experience frequent headaches?  
Describe: \_\_\_\_\_

---

---

Yes No Do you tire easily while reading?

Yes No Do you grind your teeth?

Yes No Are you epileptic?

Yes No Are you diabetic?

Yes No Do you have high blood pressure?

Yes No Do you have difficulty sleeping? Describe: \_\_\_\_\_

---

---

---

Yes No Do you have cardiac or circulatory problems?

Yes No Do you suffer from back pain? Where?

---

---

---

Yes No Do you have tension, soreness, numbness or stabbing pain anywhere? Please note: \_\_\_\_\_

---

---

---

Yes No Do you have any other medical condition or emotional issue I should know about?

---

---

---

Accident History: \_\_\_\_\_

---

---

---

---

---

---

---

Other: \_\_\_\_\_

---

---

---

---

---

---

---

Client Bill of Rights  
*Moving in Harmony CranioSacral Therapy LLC*  
Kimberly C. Pilgrim, MS | 651-366-1112 | www.kimpilgrim.com  
3220 Rice Street, Little Canada MN 55126 ~ 4315 Xerxes Av, Mpls, MN 55410

**Education & Training:**

- B.A. Concordia College, Moorhead, MN-1987
- M.S. Mankato State University, Mankato, MN-1991
- CranioSacral Therapy-training with Dr. Carol Phillips, D.C.-2004-2006, 2009; Benjamin Shield 6/2007; Leonid Soboleff MD 5/2007, 7/2008.
- Upledger Institute 3/2007, 3/2015; 9/2015; 11/2015; 8/2016;12/2016; 2/2017; 6/2017.

THE STATE OF MINNESOTA HAS NOT ADOPTED ANY EDUCATIONAL AND TRAINING STANDARDS FOR UNLICENSED COMPLEMENTARY AND ALTERNATIVE HEALTHCARE PRACTITIONERS. THIS STATEMENT OF CREDENTIALS IS FOR INFORMATIONAL PURPOSES ONLY.

Under Minnesota law, an unlicensed complementary and alternative healthcare practitioner may not provide a medical diagnosis or recommend discontinuance of medically prescribed treatments. If a client desires a diagnosis from a licensed physician, chiropractor, or acupuncture practitioner, or services from a physician, chiropractor, nurse, osteopath, physical therapist, dietitian, nutritionist, acupuncture practitioner, athletic trainer, or any other type of healthcare provider, the client may seek such services at any time.

**Client Rights:**

You have the right to be treated with courtesy and respect, free from verbal, physical or sexual abuse by any practitioner or staff member.

You have the right to complete and current information regarding assessment and recommendations for treatment. You may have access to your records. Your records are confidential unless you have authorized in writing a release of your records.

Other services are available in the Twin Cities and surrounding area to which I may refer my clients. You have the right to choose freely among the available practitioners and to change practitioners or discontinue treatment after services have begun. You have the right to coordinated transfer when there will be a change in the provider of services.

**Filing a Complaint:**

*If there is ever anything you are uncomfortable with during our working together, please bring this up to me. It can be challenging to do so, yet holds the opportunity for greater healing for both of us. I*

*will do my best to remedy the situation if I am at all able. If you remain dissatisfied or wish to contact an outside agency about your concerns you may call or write without fear of retaliation:*

Office of Unlicensed Complimentary & Alternative HealthCare Practice

Health Occupations Program  
MN Department of Health  
PO Box 6475  
St. Paul, MN 55164-0975  
Phone (651)282-5623

**Description of CranioSacral Therapy:**

A gentle, light touch therapy, CranioSacral Therapy releases tensions held deep in the body and central nervous system. This release allows for the possibility of self correction in all systems of the body.

CranioSacral Therapy is performed with the client fully clothed, on a comfortable massage table, in a quiet and nurturing environment.

**Insurance:**

At this time, CranioSacral therapy is not covered by Medicare, Medical Assistance, or most insurances companies and HMO's. **However, it is often covered in the case of an auto accident and workers compensation with a diagnosis and referral from a physician or chiropractor.**

**Fees & Payment Policies:**

Full hour session billed through auto insurance and workers comp \$140

**Same day payment discount pricing plus tax:**

		Pkg. of 3:	Pkg. of 5:
1 hour session	\$ 90.00	\$255.00	\$400.00
Age 11-15, 45 min	\$ 67.50	\$191.25	\$300.00
Child half hour	\$ 45.00	\$ 127.50	\$ 200.00

**PRICES DO NOT INCLUDE TAX.**

*Packages are transferable and non-refundable.*

A \$30 fee for in home sessions done within 30 minutes of the home office. Home visits are for those who cannot get to the office.

Payments are due at the time of treatment unless other arrangements are made prior to treatment.

**A missed appointment or a cancellation with less than 24-hour notice will be charged the full rate of the scheduled appointment.**

Prior to your office visit, I need a signed copy for your file.

*I attest that I have received a copy of the Client Bill of Rights from Kim Pilgrim for CranioSacral therapy.*

X Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Bill of Rights  
***Moving in Harmony CranioSacral Therapy LLC***  
 Kimberly C. Pilgrim, MS | 651-366-1112 | www.kimpilgrim.com  
 3220 Rice Street, Little Canada MN 55126 ~ 4315 Xerxes Av, Mpls, MN 55410

**Education & Training:**

- B.A. Concordia College, Moorhead, MN-1987
- M.S. Mankato State University, Mankato, MN-1991
- CranioSacral Therapy-training with Dr. Carol Phillips, D.C.-2004-2006, 2009; Benjamin Shield 6/2007; Leonid Soboleff MD 5/2007, 7/2008.
- Upledger Institute 3/2007, 3/2015; 9/2015; 11/2015; 8/2016;12/2016; 2/2017; 6/2017.

THE STATE OF MINNESOTA HAS NOT ADOPTED ANY EDUCATIONAL AND TRAINING STANDARDS FOR UNLICENSED COMPLEMENTARY AND ALTERNATIVE HEALTHCARE PRACTITIONERS. THIS STATEMENT OF CREDENTIALS IS FOR INFORMATIONAL PURPOSES ONLY.

Under Minnesota law, an unlicensed complementary and alternative healthcare practitioner may not provide a medical diagnosis or recommend discontinuance of medically prescribed treatments. If a client desires a diagnosis from a licensed physician, chiropractor, or acupuncture practitioner, or services from a physician, chiropractor, nurse, osteopath, physical therapist, dietitian, nutritionist, acupuncture practitioner, athletic trainer, or any other type of healthcare provider, the client may seek such services at any time.

**Client Rights:**

You have the right to be treated with courtesy and respect, free from verbal, physical or sexual abuse by any practitioner or staff member.

You have the right to complete and current information regarding assessment and recommendations for treatment. You may have access to your records. Your records are confidential unless you have authorized in writing a release of your records.

Other services are available in the Twin Cities and surrounding area to which I may refer my clients. You have the right to choose freely among the available practitioners and to change practitioners or discontinue treatment after services have begun. You have the right to coordinated transfer when there will be a change in the provider of services.

**Filing a Complaint:**

*If there is ever anything you are uncomfortable with during our working together, please bring this up to me. It can be challenging to do so, yet holds the opportunity for greater healing for both of us. I*

*will do my best to remedy the situation if I am at all able. If you remain dissatisfied or wish to contact an outside agency about your concerns you may call or write without fear of retaliation:*

Office of Unlicensed Complimentary & Alternative HealthCare Practice

Health Occupations Program  
 MN Department of Health  
 PO Box 6475  
 St. Paul, MN 55164-0975  
 Phone (651)282-5623

**Description of CranioSacral Therapy:**

A gentle, light touch therapy, CranioSacral Therapy releases tensions held deep in the body and central nervous system. This release allows for the possibility of self correction in all systems of the body.

CranioSacral Therapy is performed with the client fully clothed, on a comfortable massage table, in a quiet and nurturing environment.

**Insurance:**

At this time, CranioSacral therapy is not covered by Medicare, Medical Assistance, or most insurances companies and HMO's. **However, it is often covered in the case of an auto accident and workers compensation with a diagnosis and referral from a physician or chiropractor.**

**Fees & Payment Policies:**

Full hour session billed through auto insurance and workers comp \$140

**Same day payment discount pricing plus tax:**

		Pkg. of 3:	Pkg. of 5:
1 hour session	\$ 90.00	\$255.00	\$400.00
Age 11-15, 45 min	\$ 67.50	\$191.25	\$300.00
Child half hour	\$ 45.00	\$ 127.50	\$ 200.00

**PRICES DO NOT INCLUDE TAX.**

*Packages are transferable and non-refundable.*

A \$30 fee for in home sessions done within 30 minutes of the home office. Home visits are for those who cannot get to the office.

Payments are due at the time of treatment unless other arrangements are made prior to treatment.

**A missed appointment or a cancellation with less than 24-hour notice will be charged the full rate of the scheduled appointment.**

Prior to your office visit, I need a signed copy for your file.

*I attest that I have received a copy of the Client Bill of Rights from Kim Pilgrim for CranioSacral therapy.*

X Client signature: \_\_\_\_\_ Date: \_\_\_\_\_