

## Informed Consent Agreement (CBT)

I, \_\_\_\_\_, hereby request that Kirstin Colligan evaluate and treat me (or my dependent) with CranioBiotic Technique (CBT), hereafter referred to as CBT.

I understand that CBT techniques and procedures are not medical diagnostic procedures, and that a definitive medical diagnosis of allergens, infectious agents, toxins, parasites, and biochemical dysfunctions may require specific objective medical laboratory testing procedures, for which CBT techniques are not substitutes. Instead, the purpose of the CBT evaluation is to determine how your nervous system perceives those types of issues. CBT treatment then attempts to optimize your immune system's recognition of those problems so that it can effectively correct them.

I understand that CBT utilizes Muscle Response Testing, like many medical testing procedures, is not 100% accurate. I also understand that the CBT techniques and procedures that are utilized in evaluating, investigating, examining or treating include the use of magnets, energetically-imprinted test vials, manual therapy, nutritional therapy and acupuncture-like points on the body. I also understand that the results of medical lab testing may differ from the results of CBT evaluations. I also understand that other types of care are available for my health problem(s).

I understand that the results and benefits of CBT are not guaranteed, and that some people do not benefit from them. I also understand that my symptoms will improve only if the cause(s) of those symptoms are successfully identified and corrected with CBT procedures.

I understand that CBT is not an effective treatment for life-threatening (anaphylactic) allergies, and that I must never expose myself to life-threatening allergens. I also understand that CBT is not a method of diagnosing or treating cancer, and that medical oncologists are the only doctors who are qualified to perform those procedures.

The CBT treatment has been explained to me, and I understand that certain immune responses or detoxification symptoms may result from my treatment. These may include, but are not limited to: fatigue, fever, chills, nausea, headache or body aches. I understand that I am prohibited from receiving treatment with magnets if I have a heart pacemaker. I understand that if any unexpected flare-up of my symptoms should occur, I am responsible for obtaining appropriate medical care for those symptoms.

I understand that I am not being asked to discontinue any other type of care that has been prescribed by my doctor(s), unless otherwise directed by the doctor(s) who prescribed them. I also understand that any improvement in my health that results from my CBT treatment may result in a change in the dosage for my medication which other doctors have prescribed for me. I agree that I will consult my medical provider to determine if my prescription needs to be changed.

*Please initial after reading this page*\_\_\_\_\_

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I understand that I should not discontinue any health care provided by other health care providers, and that I should fully inform other health care providers about any changes in my symptoms or conditions that result from the application of CBT procedures. I understand that I may discontinue my CBT treatment at any time. However, I understand that the premature termination of my care may be detrimental to any improvement I have obtained.

I understand that Kirstin Colligan, P.T. is a licensed physical therapist, with post graduate training in natural health care and a member of the Pastoral Medical Association (PMA) which supports health care that blends scriptural insight with science, a system referred to as Pastoral Medicine. This Pastoral Medical Association (PMA) Practitioner does not practice medicine. More specifically, this practitioner does not: examine, diagnose, treat, offer to treat, cure, or attempt to cure; any physical or mental disease or disorder, or any physical deformity or injury. Nor does this practitioner prescribe or recommend any drugs or medicine.

I understand that CBT techniques and procedures were developed by the chiropractor, Dr. Tony Smith, and that they are an experimental, alternative form of healthcare which is not yet proven by medical science, not yet subjected to chiropractic peer review nor taught in chiropractic colleges, and may not be covered by any health insurance, Medicare or Medicaid.

Kirstin Colligan --PMA License ..21983519. Complaints on Pastoral Services should be directed to *Pastoral Medical Association -- [www.pmai.us](http://www.pmai.us)*

I have read the above statements, and I have been provided the opportunity to ask any questions regarding CBT procedures. I have also been informed that I am to notify Kirstin Colligan if I develop any problems during my treatment. I understand the conditions stated above, and hereby consent to participate in this type of care. By signing below, I agree to the terms set forth above.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
If Minor, signature of parent or guardian

\_\_\_\_\_  
Guardian's Printed Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Printed Name

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