



**Moving in Harmony  
CranioSacral Therapy LLC**

Kim Pilgrim MS  
(651) 366-1112  
kimpilgrim.com

5555 Alameda St  
Shoreview, MN 55126

4315 Xerxes Av S  
Minneapolis, MN 55410

Dear \_\_\_\_\_,

I look forward to working with you on \_\_\_\_\_ at my Linden Hills location 4315 Xerxes Av S. A map is provided on my website at [www.kimpilgrim.com](http://www.kimpilgrim.com). Please call if you need further directions.

**Work takes place in the “Little House” behind the main house. Come all the way up the driveway and you will see it to the right.** Please feel free to use the bathroom in the main house. Enter through the side door and through the kitchen and to your left.

CranioSacral work takes place primarily on a massage table with the client remaining clothed. I recommend wearing something comfortable.

Fees are payable the day of service. **Checks and Cash are accepted.** Hour sessions are \$80 and ½ hour sessions are \$40. Packages are available for further savings.

Most people leave feeling more relaxed, centered and grounded. Many feel a degree of symptom relief even after a first session. More chronic conditions often take more sessions. Occasionally peoples symptoms are aggravated by the work. This can happen especially if more needs to 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 or missed appointments.**

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

Warmly,

Kim Pilgrim

Gently Transform Your Pain & Stress  
~Move More Freely In Your Life

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

Moving in Harmony CranioSacral Therapy LLC

Kimberly C. Pilgrim, MS

www.kimpilgrim.com

(651)366-1112

Child Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

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

Parent Email \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Siblings and Pets Names \_\_\_\_\_

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

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 \_\_\_\_\_

HEALTHCARE

Which healthcare modalities do you use for your child?

- o Physician o Naturopath o Other
o Chiropractor o Homeopath

Immunizations: please list which ones and any reactions \_\_\_\_\_

Medications? \_\_\_\_\_

NUTRITION and SLEEP

Describe your child's typical diet: \_\_\_\_\_

Supplements \_\_\_\_\_

How much water does your child drink each day and what is the source? \_\_\_\_\_

Please describe your child's sleep patterns \_\_\_\_\_

CURRENT/PAST SYMPTOMS/ILLNESSES

- o Headaches o Diabetic Other
o Epileptic o Teeth grinding

Accidents, injury, surgery, major illness \_\_\_\_\_

Is your child experiencing a higher than normal level of stress? Please describe:

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Does your child have any other medical or emotional issues or concerns it would be helpful for me to know about?

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### PREGNANCY

Please check any areas that applied to the client's mother during her pregnancy:

- |  |  |   |
|--|--|---|
| <input type="radio"/> Prenatal Classes       | <input type="radio"/> Excessive Weight Loss  | <input type="radio"/> Allergic Reactions          |
| <input type="radio"/> Premature Contractions | <input type="radio"/> Excessive Weight Gain  | <input type="radio"/> Mental Trauma               |
| <input type="radio"/> Complications          | <input type="radio"/> Medications            | <input type="radio"/> Vitamins/Minerals           |
| <input type="radio"/> Back Pain              | <input type="radio"/> Toxic Exposures        | <input type="radio"/> Chiropractic Care           |
| <input type="radio"/> Bleeding               | <input type="radio"/> Caffeine: Cola         | <input type="radio"/> Any Diagnosed Illnesses     |
| <input type="radio"/> Other Pain             | <input type="radio"/> Caffeine: Coffee       | <input type="radio"/> Attitude – Mostly Happy     |
| <input type="radio"/> Hospitalization        | <input type="radio"/> Caffeine: Tea          | <input type="radio"/> Attitude – Mostly Depressed |
| <input type="radio"/> Smoking                | <input type="radio"/> Caffeine: Chocolate    | <input type="radio"/> Physical Injury             |
| <input type="radio"/> Alcohol                | <input type="radio"/> Caffeine: Other        |   |
| <input type="radio"/> Recreational Drugs     | <input type="radio"/> Immunizations/Flu Shot |   |

### LABOR AND DELIVERY

Please check any items(s) that apply:

- |                                      |  |   |
|--------------------------------------|--|---|
| <input type="radio"/> Home Birth     | <input type="radio"/> Complications      | <input type="radio"/> Vacuum Extraction |
| <input type="radio"/> Hospital Birth | <input type="radio"/> Fetal Monitor Used | <input type="radio"/> Forceps           |
| <input type="radio"/> Induction      | <input type="radio"/> Premature Delivery | <input type="radio"/> Other: _____      |
| <input type="radio"/> Caesarean      | <input type="radio"/> Medications        |   |

Length of labor: \_\_\_\_\_ Length of pushing stage of labor \_\_\_\_\_

Anything else you would like to share about the birth: \_\_\_\_\_

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Please check any item(s) that applied to the client at birth:

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="radio"/> Difficulty Breathing        | <input type="radio"/> Coloring                 | <input type="radio"/> Formula Feeding |
| <input type="radio"/> Choking                     | <input type="radio"/> Difficulty latching on   | <input type="radio"/> Vitamin K       |
| <input type="radio"/> Crying                      | <input type="radio"/> Difficulty breastfeeding | <input type="radio"/> Erythromycin    |
| <input type="radio"/> Sleeping Excessively        | <input type="radio"/> Medications              | <input type="radio"/> Other: _____    |
| <input type="radio"/> Difficulty Waking/Lethargic | <input type="radio"/> Surgery                  |                                       |
| <input type="radio"/> Jaundice                    | <input type="radio"/> Circumcision             |                                       |

Is there anything else you would like to share about your child? \_\_\_\_\_

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Client Bill of Right  
Moving in Harmony CranioSacral Therapy LLC  
Kimberly C. Pilgrim, MS 651-366-1112 www.kimpilgrim.com  
5555 Alameda St, Shoreview, 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; Upledger Institute 3/2007; Benjamin Shield 6/2007; Leonid Soboleff MD 5/2007, 7/2008.
- Apprenticeship with Deb McLaughlin, CST, Duluth, MN and Lori McLaughlin, CST, White Bear Lake, MN-2005-2006
- Mentoring with Wes Vaught 2009-2010 & Angel Phillips continuing

THE STATE OF MINNESOTA HAS NOT ADOPTED ANY EDUCATIONAL AND TRAINING STATNDARDS 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 with a diagnosis and referral from a physician or chiropractor.**

**Fees & Payment Policies: Pkg. of 3: Pkg. of 5:**

Child half hour	\$ 40	\$ 112	\$ 175
Age 11-15, 45 min	\$ 60	\$ 168	\$ 262
Full hour session	\$ 80	\$ 225	\$ 350

**Prices do not include sales tax.**

**If you have a referral from a licensed healthcare provider such as a physician, chiropractor or dentist, you are exempt from sales tax.**

A \$20 fee for in home sessions done within 30 minutes of the home office. Home visits are for newborns and those who can not 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: \_\_\_\_\_