

Angela Ferri, MA, LMT, RCST®

Body and Soul Healing Arts

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Release of Information

As a bodyworker and craniosacral therapist who specializes in working with babies and the nervous system, I prefer to work as a team with your providers. Please fill out this release form so I can communicate with your providers to best support you.

For Adults: I agree that Angela Ferri can communicate with my provider

_____ about my sessions with her at the following contact

(phone, email): _____.

For Babies: I give permission for Angela Ferri to send a report of her findings for my child(ren), _____,
to his or her pediatrician or other provider of

my choice, _____ at the following contact:

_____.

Print Name

Date

Signature