



a fresh approach to health care

4450 Nicollet Ave S Minneapolis, MN 55419
Phone: (612) 598-8627 | Fax: (612) 284-7910

Complimentary & Alternative Health Care Client Bill of Rights

1. Name of Unlicensed Complementary and Alternative Health Care Practitioner:
Amy Daws, 4450 Nicollet Ave S, Minneapolis, MN 55419; (612) 598-8627; amy@wellnessmpls.com

2. Education Level of Massage Therapist: Your massage therapist has completed at minimum a certificate program in massage or Shiatsu therapy. Please see your bodywork therapist's biographical information on www.wellnessmpls.com.

As of July 1, 2001, Minnesota's Freedom of Access to Complementary Care Law (Statute Chapter 146A) requires that you receive and acknowledge that you have received by your signature on the back of this page, the following information prior to your treatment.

THE STATE OF MINNESOTA HAS NOT ADOPTED ANY EDUCATIONAL AND TRAINING STANDARDS FOR UNLICENSED COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTITIONERS. THIS STATEMENT OF CREDENTIALS IS FOR INFORMATION PURPOSES ONLY. Under Minnesota law, an unlicensed complementary and alternative health care 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 health care provider, the client may seek such services at any time.

3. Supervisor of Bodywork Therapists: Not applicable.

4. Complaints: If the Client has a complaint or concern about the care or services they have received, the Client may contact the supervisor in paragraph 3 above or the Office of Unlicensed Complementary and Alternative Health Care Practice located in Minnesota Department of Health:
P.O. Box 64882, St. Paul, MN 55164-0882; (651) 201-3728; fax: (651) 201-3839; richard.hnasko@state.mn.us; www.health.state.mn.us

5. Fees: Payment is due in full at the time of service. Payment options include cash, check or credit card (cash or check preferred). Bodywork is a taxable service unless you have a prescription from a MN licensed professional. Please bring in a copy of your prescription for our records.

Please see your practitioner's page on the Wellness Minneapolis website for detailed pricing information.

Health insurance and liability insurance (auto accidents, personal injury) claims are accepted on a case-by-case basis. The client is responsible for any payments not covered by insurance. Please contact your practitioner to discuss this option further.

Cancellation Policy: Amy Daws requires 24-hour notice for rescheduling or cancellations. Payment will be due in full for rescheduling or cancellations with less than 24-hour notice. Repeat offenses will require credit card payment in advance to hold appointments.

6. Change of Price: Clients have the right to reasonable notice of changes to the prices, services, or policies.

7. Theoretical Approach. Massage and bodywork therapy are the systematic and scientific manipulation of the soft tissues of the body to prevent and alleviate pain, discomfort, muscle spasm, and stress; and to promote health and wellness.

8. Right of Information: Clients have the right to complete and current information concerning the

practitioner's assessment and recommended service that is to be provided, including the expected duration of the service to be provided.

9. Right to Confidentiality: Client records are confidential and will not be released, unless authorized by the client in writing or as otherwise provided for by law.

10. Right to Self Access: Clients have the right to access to their own records maintained by the Practitioner's office, in accordance with state statute sections 144.291 to 144.298;

11. Personal Interaction: Clients have the right to expect courteous treatment, free from verbal, physical, or sexual abuse.

12. Other Treatment Available: Other massage therapy services are available to the Client in this same community. These can be located by asking the Practitioner, the provider who referred you to this practitioner or the following practitioner database: www.amtamassage.org

13. Right of Agency: The Client has the right to choose freely among available practitioners and to change practitioners after services have begun, within the limits of health insurance, medical assistance, or other health programs.

14. Records Transfer: The Client have the right to coordinated transfer of your records when there will be a change in the provider of services

15. Right of Refusal: The Client may refuse services or treatment, unless otherwise provided by law.

16. Right of Nonretribution: The Client has the right to assert the any and all of above-mentioned rights without retaliation from the Practitioner.

I _____ acknowledge by my signature that I have received and understand the Complementary and Alternative Health Care Client Bill of Rights.

Signature _____ Date _____

Thank you for taking the time to fill out this health history questionnaire. The information provided allows your practitioner to create the most effective and appropriate treatment possible. You may skip any questions you do not feel comfortable answering. All information you share is confidential.

GENERAL INFORMATION:

Date

Name Parent or Guardian (if under 18)
Emergency Contact Relationship to you Phone
Age Date of Birth
Occupation Preferred Gender Pronouns (he/him, she/her, they/theirs)

If you would like to be added to your practitioners email list, please include your email address:

HEALTH HISTORY and GOALS

Have you received bodywork therapy before? Y N If so, what modality (massage, Shiatsu, etc.)?

What is the primary goal for your bodywork session?

Do you have other health concerns? Have you recently experienced illness or injury?

Have you had any diagnoses or treatments for your current condition?

Are you currently working with any holistic or allopathic practitioners? Please list:

Are you currently taking any medications, herbal or dietary supplements? Please list:

Menstrual history: Are you periods regular Y N How many days is your flow?
How frequent? Painful or symptomatic? Y N Menopause or perimenopause? Y N

MEDICAL HISTORY: Please list all that apply and give dates:

Cancer Hypertension Stroke Heart disease
Diabetes (type I or II) Spinal problems Respiratory problems
Pregnancy Endocrine Arthritis Varicose veins
Frequent colds/flu Infectious disease Seizures Addiction
GI problems Osteoporosis Allergies

Do you have any pain, stiffness or swelling?

Do you have any sensitivities to lotions, oils, or essential oils?

Surgeries or Previous Illness (please list and date any endured throughout life)

Significant Physical or Emotional Trauma (car accidents, abuse, death of love one, etc.)

Please describe your digestion: (heartburn, nausea, lack of appetite, bloating, gas, constipation, diarrhea, etc.)

Please describe your sleep patterns: (hrs/night, ability to fall asleep and wake, etc.)

Please describe your physical activity:

Anything else you would like to share?

Please mark on the body forms with an "X" where you are experiencing any pain or other discomfort. Next to the "X" use the symbols to indicate the type of pain you have experienced in the past week.

numbness
OOOO

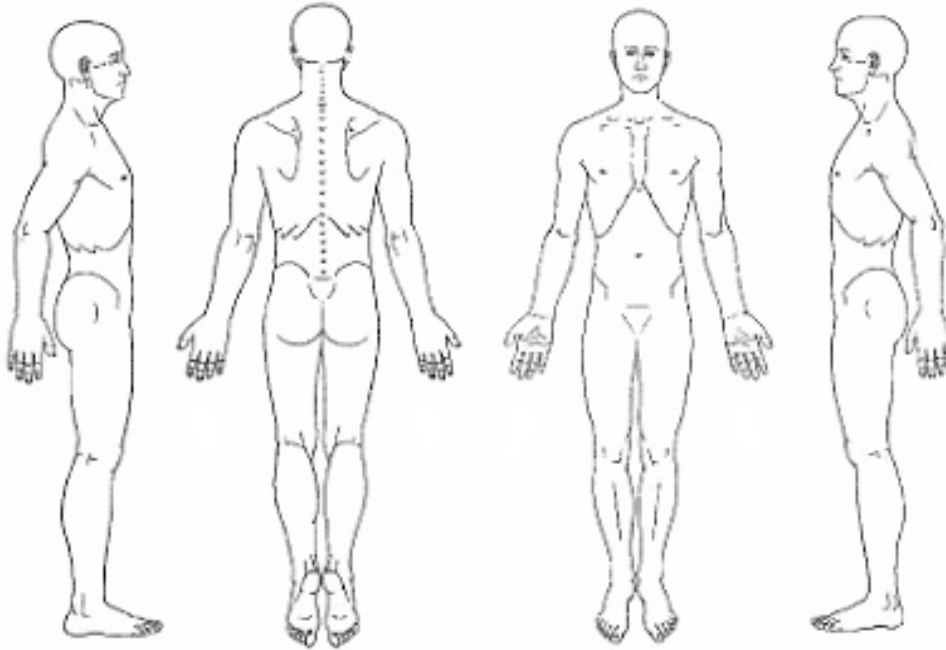
pins & needles
++++

burning

stabbing
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aching
XXXX

other
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I understand that the treatment given here is for general wellness purposes, including stress reduction, relief from muscular tension or spasm, the promotion of circulation, lymph activity, and flexibility. I understand a massage or bodywork therapist will never touch genitals, breast tissue, or any other areas I instruct them not to touch.

I understand that potential risks of massage include: mild, short-term muscle soreness due to movement or irritating metabolic wastes and mild surface level bruising. I understand I have the right to refuse massage therapy treatment at any time during the session.

Signature

Date