

## Complementary & 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; amydawsbodywork.com

**2. Education Level of Massage Therapist:** Your massage therapist has completed the East-West Program at CenterPoint Massage and Shiatsu School & Clinic, Visceral Manipulation training through the Barral Institute, and Chi Nei Tsang Training with Sarina Stone. Please see your bodywork therapist's biographical information on [www.amydawsbodywork.com](http://www.amydawsbodywork.com) for further details.

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](mailto:richard.hnasko@state.mn.us);  
[www.health.state.mn.us](http://www.health.state.mn.us)

**5. Fees:** Payment is due in full at the time of service. Credit/debit card is preferred. Cash or Check can be accepted. 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 visit your practioner's website: [www.amydawsbodywork.com](http://www.amydawsbodywork.com) 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 Amy Daws directly 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 Amy Daws Bodywork LLC 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](http://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	Emergency Contact
Date of Birth	Relationship to you
Parent or Guardian name (if under 18)	Their Phone #
Your Preferred Gender Pronouns (she/her, he/him, they/them)	I would like to be added to the monthly newsletter list: Y N
Occupation	

HEALTH HISTORY and GOALS

Have you received bodywork therapy before? Y N      What is your primary goal for this 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	Varicose veins
Pregnancy	Endocrine	Arthritis	Addiction
Frequent colds/flu	Infectious disease	Seizures	Positive test for COVID-19 Date:
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.)

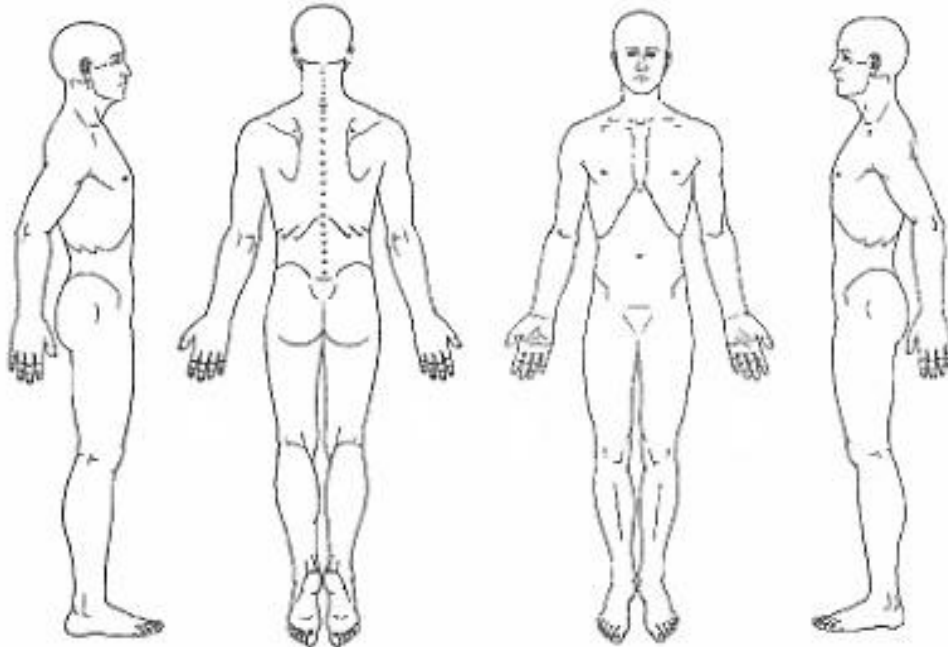
Please describe your sleep patterns: (hrs/night, ability to fall asleep and wake, etc.)

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 0000	pins & needles ++++	burning ****	stabbing ////	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