

**Message Intake Form**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Emergency Contact Name and Number:

\_\_\_\_\_

How did you hear about us?

\_\_\_\_\_

Please list medical diagnosis we should know about:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list your areas of concern for this massage:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your goals for this session?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**146.11 COMPLEMENTARY AND ALTERNATIVE HEALTH CARE CLIENT BILL OF RIGHTS**

The name, address, and phone number are

**Merriam Park Acupuncture,**

1523 Selby Ave., St. Paul, MN, 55104,

(651) 207-3019

The supervisor of the clinic is Dawn Pivec.

**Let it be known that the State of MN has not adopted any educational or training standard for unlicensed complementary and alternative health care practitioners. This statement of credentials is for informational purposes only. Andrea Sullivan has a two-year degree from Centerpoint School of Massage Therapy.**

You have the right to file a complaint to Dawn Pivec (supervisor) via phone call. The contact information for Dawn is in the first paragraph above.

The price for massage therapy is \$90 for 60 minutes, \$130 for 90 minutes. Payment is due the time of service. Merriam Park Acupuncture does not bill insurance companies for this service.

Massage is for the basic purpose of relaxation and muscular tension and should not be a substitute for a medical examination. Please consult with your physician with any issues regarding your health care.

You can expect courteous treatment and free from verbal, sexual, and physical abuse from the practitioner.

You are free to choose among health care providers at Merriam Park Acupuncture and we will assist a smooth transfer with necessary health information should there be a change in provider services.

You may refuse services of treatment at any time.

Your transactions with the practitioner are confidential unless relate of records is authorized in writing or otherwise provided by law. You may access these records at any time by asking your practitioner.

You are welcome to assert your rights at any time.

Prior to the provision of any service, a complementary and alternative health care client must sign a written statement attesting that the client has received the complementary and alternative health care bill of rights.

I have attested that I have read the Bill of Rights:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_