Infinity's Touch LLC Client Questionnaire

Personal Information

Basic Information

First Name

Last Name

Date of Birth

Male Female Other Not Specified

Contact Information

Email

Preferred Phone

Cell

Address

City

State

Zip

Emergency Contact Information

Contact Name

Phone

Relationship

Doctor Information

Physician Name

Phone

Complaint Information

Cause of Injury or Concern

How long since first noticed

Primary Complaint

Past Treatment

Existing Conditions Information

Respiratory

- [ ] Asthma
- [ ] Bronchitis
- [ ] Chronic cough
- [ ] Emphysema
- [ ] Shortness of Breath

Cardiovascular

- [ ] Blood Clots
- [ ] Cardiovascular Accident
- [ ] Cerebral-vascular Accident
- [ ] Cold Feet
- [ ] Cold Hands
- [ ] Congestive Heart Failure
- [ ] Heart Attack
- [ ] Heart Disease
- [ ] High Blood Pressure
- [ ] Low Blood Pressure
- [ ] Lymphedema
- [ ] Myocardial Infarction
- [ ] Pacemaker
- [ ] Phlebitis
- [ ] Stroke
- [ ] Thrombosis/Embolism
- [ ] Varicose Veins

Skin

- [ ] Bruise Easily
- [ ] Hypersensitive Reaction
- [ ] Melanoma
- [ ] Skin Conditions
- [ ] Skin Irritations

Head & Neck

- [ ] Ear Problems
- [ ] Headaches
- [ ] Hearing Loss
- [ ] Jaw Pain (TMJD)
- [ ] Migraines
- [ ] Sinus Problems
- [ ] Vision Loss
- [ ] Vision Problems

Infectious Conditions

- [ ] Athlete's Foot
- [ ] Hepatitis
- [ ] Herpes
- [ ] HIV
- [ ] Respiratory Conditions
- [ ] Skin Conditions

Women

- [ ] Gynecological Conditions
- [ ] Pregnancy

Soft Tissue / Joint Dysfunction

- [ ] Ankles (Left)
- [ ] Ankles (Right)
- [ ] Arms(Left)
- [ ] Arms(Right)
- [ ] Feet (Left)
- [ ] Feet (Right)
- [ ] Hands (Left)
- [ ] Hands (Right)
- [ ] Hips (Left)
- [ ] Hips (Right)
- [ ] Knees (Left)
- [ ] Knees (Right)
- [ ] Legs (Left)
- [ ] Legs (Right)
- [ ] Lower Back (Left)
- [ ] Lower Back (Right)
- [ ] Mid Back (Left)
- [ ] Mid Back (Right)
- [ ] Neck (Left)
- [ ] Neck (Right)
- [ ] Shoulders (Left)
- [ ] Shoulders (Right)
- [ ] Upper Back (Left)
- [ ] Upper Back (Right)

Family History

- [ ] Cardiovascular Conditions
- [ ] Respiratory Conditions

Miscellaneous

- [ ] Allergies
- [ ] Anaphylaxis
- [ ] Artificial Joints / Special Equipment
- [ ] Arthritis
- [ ] Cancer
- [ ] Crohn's Disease
- [ ] Digestive Conditions
- [ ] Dizziness
- [ ] Epilepsy
- [ ] Diabetes
- [ ] Gout
- [ ] Hemophilia
- [ ] Insomnia
- [ ] Fibromyalgia
- [ ] Lupus
- [ ] Mental Illness
- [ ] Osteo Arthritis
- [ ] Loss of Sensation
- [ ] Other Diagnosed Diseases
- [ ] Other Medical Conditions
- [ ] Rheumatoid Arthritis
- [ ] Osteoporosis
- [ ] Shingles
- [ ] Stress
- [ ] Surgical Pins or Wire

Allergies and other conditions your provider should be aware of

Neurological

- [ ] Burning
- [ ] Cerebral Palsy
- [ ] Herniated Disc
- [ ] Multiple Sclerosis
- [ ] Numbness
- [ ] Parkinsons
- [ ] Stabbing
- [ ] Tingling

Medications Please list any medications or drugs you are currently on

Additional Questions

Motor Vehicle Accidents - Please list MVA's and describe which part of vehicle was hit, your location in vehicle, and when pain started.

Surgeries - Please list surgeries and describe procedures, how you recovered, and what pain or ache remains.

Dental - Please list dental experiences including braces and retainers.

Trauma - Please list any physical, emotional, and spiritual trauma not included above.

Supplemental - Please describe other information you think is important for me to know that is not listed above.

Client Waiver form

COMPLEMENTARY AND ALTERNATIVE HEALTH CARE CLIENT BILL OF RIGHTS

As of July 1, 2001, Minnesota's Freedom of Access to Complementary Care Law, Statute Chapter 146A, requires that you read and sign this complementary and alternative health care client bill of rights. This information is provided to you to help you understand my qualifications, my services, and your rights.

146A.11 (1)

Practitioner Name: Jake Janowak, BCTMB, CST, LMT

Complementary and Alternative Health Care Title: CranioSacral Certified Therapist

Business Address: 8770 Springbrook Dr NW, Coon Rapids MN 55433

Telephone Number: (612) 222-6221

146A.11 (2)

Practitioner received the following degrees, training, experience, or other qualifications regarding the complementary and alternative health care being provided followed by the statutory disclosure statement in bold.

CranioSacral Therapy (CST), Advanced CST, CranioSacral Applications to Obstetrics, Doula, CST for Pediatrics, CST with Chronic Depletion, SomatoEmotional Release, Alzheimer's Intensive Prorgam, Neural Manipulation, Visceral Manipulation of the Abdomen, Lymph Drainage Therapy, CPR and First Aid, Myofascial Release, Swedish Massage, Chair Massage, Neuromusclar Therapy, and Sports Massage.

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, osteopathic physician, 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.

146A.11 (3)

Practitioner's Supervisor: Not Applicable

146A.11 (4)

The complementary and alternative health care client has the right to file a complaint with the practitioner's supervisor, if the practitioner has a supervisor: Not Applicable

146A.11 (5)

Any complementary and alternative health care client has the right to file a complaint with the following office:

Minnesota Department of Health

Office of Complementary and Alternative Health Care Practitioners

PO Box 64882

St. Paul MN 55164-0882

General Information: (651) 201-3706

Email: health.HOP@state.mn.us

Website: http://www.health.state.mn.us

146A.11 (6)

Practitioner's fees per unit of service includes MN State and Hennepin County taxes: $50/30 minutes; $97/60 minutes, $145/90 minutes, $194/120 minutes; MN State and Hennepin County Taxes is 7.525%.

Practitioner's method of billing: Cash, Check, Credit Card, Apple Pay, Android Pay

Insurance companies that have agreed to reimburse Practitioner: None

Health maintenance organizations with whom Practitioner contracts to provide service: None

Practitioner does not accept Medicare or medical assistance in any circumstances.

Practitioner does not accept partial payment or waive payment in any circumstances.

146A.11(7)

The complementary and alternative health care client has a right to reasonable notice of changes in services or charges.

146A.11(8)

The following is a brief summary, in plain language, of the theoretical approach used by the Practitioner in providing services to complementary and alternative health care clients: Practitioner uses a light and gentle touch of force to engage the client's tissue to restore balance to blood flow throughout the body and air circulation in the lungs to bring about a state of peacefulness and restfulness. The are instances when firm pressure is necessary to breakup adhesions and restrictions in the tissues and permission for use of firm pressure is requested by the Practitioner prior to use of these techniques.

146A.11(9)

The complementary and alternative health care client has a right to complete and current information concerning the Practitioner's assessement and recommended service that is to be provided, including the expected duration of the service to be provided.

146A.11(10)

The complementary and alternative health care client may expect courteous treatment and to be free from verbal, physical, or sexual abuse by the Practitioner.

146A.11(11)

The complementary and alternative health care client records and transactions with the Practitioner are confidential, unless release of these records is authorized in writing by the client, or otherwise provided by law.

146A.11(12)

The complementary and alternative health care client has a right to be allowed access to records and written information from records in accordance with section 144.291 to 144.298.

146A.11(13)

The complementary and alternative health care client is notified that other services may be available in the community including but not limited to traditional medical treatment, traditional Chinese medicine, acupuncture, naturopathy, chiropractic, dentistry, hospital, and massage. Information concerning other services are available on the internet, local newspapers, local magazines, local health food stores, and by the Practitioner upon request.

146A.11(14)

The complementary and alternative health care 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.

146A.11(15)

The complementary and alternative health care client has a right to coordinated transfer when there will be a change in the provider of services.

146A.11(16)

The complementary and alternative health care client may refuse services or treatment, unless otherwise provided by law.

146A.11(17)

The complementary and alternative health care client may assert the client's rights without retaliation.

146A.11 Sudb. 2 **Acknowledgement by client.** 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 client bill of rights.

I hereby acknowledge receipt of the Complementary and Alternative Health Care Client Bill of Rights and the attached documents incorporated therein, and I have had a full opportunity to ask any questions I have about this document and my rights as a client. I understand my rights as a client.

- I understand that massage therapy is provided for stress reduction, relaxation, relief from muscular tension, and improvement of circulation and energy flow.
- If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure/strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session.
- I understand that the services offered today are not a substitute for medical care. I understand that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness.
- I affirm that I have notified my therapist of all known medical conditions and injuries.
- I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist's part should I forget to do so.
- I understand that massage is entirely therapeutic and non-sexual in nature.
- By signing this release, I hereby waive and release my therapist from any and all liability, past, present, and future relating to massage therapy and bodywork.

☐ I have read the statement above and agree to all the policies

Client Signature*

Date*