Client Information

Full name: _____Nickname:_____

Address:_____city:_____state_____ zip code:_____

Primary Phone#:_____Secondary Phone#:_____

Occupation:_____Employer:_____ Gender M/F Marital Status:_____

Date of birth:_____ Spouses name:_____ Children ages: _____

Emergency contact:_____ Phone#:_____

List your goals for this visit:

1. _____
2. _____
3. _____
4. _____

Current medications:

_____
_____
_____

Current Supplements (vitamins):

_____
_____
_____

Please list any surgeries/hospitalizations in the past:

_____

I understand that all advice and experiences provided by Family Tree Health and Wellness LLC are not intended for diagnosis, cure, mitigation, or treatment of any disease or other medical condition, and are not in any way intended to affect the structure or a function of the body. I understand that any technologies used by Family Tree Health and Wellness LLC are based only upon experimental theories of metaphysical science, and are not a replacement for any medical diagnosis or treatment, and I ensure I will retain a medical doctor or licensed professional for any illness or other health condition which I may have, and give priority to such licensed professional advice.

This has been explained to me, I understand it; and have had the opportunity to ask questions.

Signature:_____Date:_____

Witness:_____ Date:_____

* If you are unable to cancel your appointment within 24 hours prior to your scheduled time, you will be responsible for the full fee. 12 years and under fee will be $30. Initial _____

**All supplements and fees are due at the end of each visit.

Complementary and Alternative Health Care Bill of Rights

Jean Struzyk MT, CNHP
Massage Therapist
Certified Natural Health Practitioner

"THE STATE OF MINNESOTA HAS NOT ADAPTED ANY EDUCATIONAL AND TRAINING STANDARDS FOR UNLICENSED AND COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTITIONERS. THIS STATEMENT OF CREDENTIALS IS FOR INFORMATIONAL PURPOSES ONLY.

Under Minnesota law, and 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."

Family Tree Health and Wellness LLC
2 Second Avenue South Suite #130
Sauk Rapids MN 56379

If you have any complaints about your therapy and wish to file a complaint to the government about your therapy, the address is:
Office of Unlicensed Complementary and Alternative Health Care Practice
MN Dept. of Health
Health Occupations Program
PO Box 64975
St. Paul, MN 55164-0975
Phone: 651.282.5623 Fax: 651.282.5628 Web: www.health.state.mn.us

Fees: Payment is due at the time of service

EDS (Electro Dermal Screen) Service is not covered by insurance
~ Initial $120; Follow-up $45; Child Initial $60; Child Follow-up $30
Massage Therapy: Service is not covered by insurance
~ ½ hour $35; 1hour $60-$90

You as a client will have reasonable notice of changes in services or charges. You have a right to complete and current information concerning my assessment and recommended services that is to be provided. You as a client may expect courteous treatment that is free from any physical of emotional abuse.

Other Massage Therapists and Electrodermal (EDS) technicians may be found in the phone book. You may choose freely among the available practitioners and change practitioners after services have begun. I will be happy to transfer any information you may request if another practitioner is requested. At any time during a session you may refuse services or treatment, unless otherwise provided by law; and you may assert your rights without retaliation.

Client signature: _____Date: _____