

## 31 Navaho Ave, Mankato, MN 56001 507-345-4035

		(MI)	/1 t						
		(IVII)		B. I					
			-						
		State:							
					Bi				
<del>-</del>									
		Occup	oation:						
		_							_
				-		Phone:			
yes, how o any of tYes _	recent he follo No No No No No No No	ly?  wing questions, po you frequen Do you have Di Do you experied Are you pregna Do you suffer fra Are you wearing Do you have hig Do you suffer fra Do you suffer fra Do you have van Do you have are Do you have on Do you have are	please tly suff abetes nce fre nt? om art g conta gh bloc om ep om join ricose ny cont steopo ny aller	explaint explaint explaint sweet ler veins agiour rosis?	ain as m str t head nses? essure or se elling? s? s dise	s clearly a ess? daches? e? eizures?		_	
	nt to care cal conditorimary can ave you expess, how or any of to any of the any	rusiness name)  Gent to carefully recal condition or sommary care provided any of the followang of the follo	Marital Status:  Occup  usiness name)  General & Medical nt to carefully read the following is cal condition or specific symptom primary care provider may be requested a profest of the following questions, yes, how recently? o any of the following questions, yes No Do you frequen yes No Do you experien yes No Do you suffer from yes No No you have his yes No No you have ar yes No No you have ar yes No No No you bruise each yes You You You You bruise each yes You You You You You	Marital Status: M  Occupation:  General & Medical Information of the carefully read the following information of specific symptom, massorimary care provider may be required provider may be required provider may be required provider of the following questions, please yes, how recently?  O any of the following questions, please yes No Do you frequently suff yes No Do you have Diabetes yes No Do you experience free yes No Are you pregnant?  Yes No Do you suffer from ant yes No Do you suffer from ep yes No Do you suffer from ep yes No Do you have high block yes No Do you have varicose yes No Do you have varicose yes No Do you have any cont yes No Do you have any cont yes No Do you have any aller yes No Do you bruise easily?	Marital Status: M S  Occupation:  Work  wisiness name)  General & Medical Information to carefully read the following information acal condition or specific symptom, massage/to crimary care provider may be required prior to ave you ever experienced a professional massyes, how recently? o any of the following questions, please explayes, how recently? o any of the following questions, please explayes, how recently? o any of the following questions, please explayes.  Yes No Do you frequently suffer from Yes No Do you experience frequently suffer from Yes No Do you suffer from arthritis?  Yes No Do you suffer from arthritis?  Yes No Do you suffer from epilepsy Yes No Do you suffer from pioint swelly suffer from you have varicose veins Yes No Do you have any contagious Yes No Do you have any contagious Yes No Do you have any allergies?  Yes No Do you bruise easily?	Marital Status: M S W  Occupation:  Work Photosiness name)  General & Medical Information Int to carefully read the following information and socal condition or specific symptom, massage/bodyworimary care provider may be required prior to serve ave you ever experienced a professional massage yes, how recently?  o any of the following questions, please explain as Yes No Do you frequently suffer from streamy yes No Do you have Diabetes?  Yes No Do you experience frequent heady yes No Are you pregnant?  Yes No Do you suffer from arthritis?  Yes No Do you suffer from epilepsy or see Yes No Do you suffer from joint swelling yes No Do you have varicose veins?  Yes No Do you have any contagious discussions of the following questions in the followi	Marital Status: M S W D  Occupation:  Work Phone:  Work Phone:  Work Phone:  Work Phone:  Work Phone:  Phone:  General & Medical Information  Int to carefully read the following information and sign where cal condition or specific symptom, massage/bodywork may primary care provider may be required prior to service being ave you ever experienced a professional massage or body yes, how recently?  o any of the following questions, please explain as clearly a yes No Do you frequently suffer from stress?  Yes No Do you experience frequent headaches?  Yes No Do you suffer from arthritis?  Yes No Are you wearing contact lenses?  Yes No Do you suffer from epilepsy or seizures?  Yes No Do you suffer from pioint swelling?  Yes No Do you have varicose veins?  Yes No Do you have any contagious disease?  Yes No Do you have any contagious disease?  Yes No Do you have any allergies?  Yes No Do you bruise easily?	Marital Status: M S W D  Occupation:  Work Phone:  Work Phone:  Phone:  General & Medical Information  Int to carefully read the following information and sign where indicate cal condition or specific symptom, massage/bodywork may not be a primary care provider may be required prior to service being provider ave you ever experienced a professional massage or bodywork ses yes, how recently?  o any of the following questions, please explain as clearly as possib Yes No Do you frequently suffer from stress?  Yes No Do you experience frequent headaches?  Yes No Are you pregnant?  Yes No Are you wearing contact lenses?  Yes No Do you suffer from arthritis?  Yes No Do you suffer from epilepsy or seizures?  Yes No Do you suffer from point swelling?  Yes No Do you have any contagious disease?  Yes No Do you have any contagious disease?  Yes No Do you have any allergies?  Yes No Do you bruise easily?	Marital Status: M S W D  Occupation:  Work Phone:  Work Phone:  Work Phone:  Phone:  General & Medical Information  Int to carefully read the following information and sign where indicated. If you cal condition or specific symptom, massage/bodywork may not be appropriate brimary care provider may be required prior to service being provided.  ave you ever experienced a professional massage or bodywork session? yes, how recently?  o any of the following questions, please explain as clearly as possible.  Yes No Do you frequently suffer from stress?  Yes No Do you have Diabetes?  Yes No Are you pregnant?  Yes No Are you wearing contact lenses?  Yes No Do you suffer from arthritis?  Yes No Do you suffer from epilepsy or seizures?  Yes No Do you suffer from pilepsy or seizures?  Yes No Do you have varicose veins?  Yes No Do you have varicose veins?  Yes No Do you have any contagious disease?  Yes No Do you have Osteoporosis?  Yes No Do you bave any allergies?  Yes No Do you bruise easily?

If you answer "yes" to any of the following questions, please explain as clearly as possible.  Yes No Have you had any broken bones in the past two years?  Yes No Do you have fibromyalgia?  Yes No Do you have cardiac or circulatory problems?  Yes No Do you suffer from back pain?  Yes No Are you very sensitive to touch or pressure in any specific area?  Yes No Are you very sensitive to touch or pressure in any specific area?  Yes No Are you very sensitive to touch or pressure in any specific area?  Yes No Are you or any medications?  If yes, list medication and illness  Additional comments:  Are you experiencing any pain at the current time?  If so, indicate where on the body charts below  I understand that the massage/ bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort.  I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a chiropractor, physician or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage/ bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental limess, and that nothing said in the course of the session given brould be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so.  I agree to pay for services provided to me in this office at the time and date performed. I realize if I am late for an appointment I may not		General & Medical Information continued
Yes No Have you been in an accident or suffered any injuries in the past two years? Yes No Do you have fibromyalgia? Yes No Do you have numbness or stabbjing pains anywhere? Yes No Do you have any other medical condition we should be aware of? Yes No Do you have any other medical condition we should be aware of? Yes No Are you on any medications? If yes, list medication and illness  Additional comments:  Are you experiencing any pain at the current time? If so, indicate where on the body charts below  I understand that the massage/ bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort.  If urther understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a chiropractor, physician or other qualified bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that three shall be no liability on the practitioner's part should I forget to do so. I agree to keep the practitioner updated as to any changes in my medical profile and understand that three shall be no liability on the practitioner's part should I forget to do so. I agree to keep the practitioner updated as to any changes in my medical profile and understand that three shall be no l	If you answer "yes" to any	of the following questions, please explain as clearly as possible.
Yes No Do you have fibromyalgia? Yes No Do you have fibromyalgia? Yes No Do you have cardiac or circulatory problems? Yes No Do you suffer from back pain? Yes No Do you have eardiac or circulatory problems? Yes No Do you have numbness or stabbing pains anywhere? Yes No Do you have on yother medical condition we should be aware of? Yes No Are you very sensitive to touch or pressure in any specific area? Yes No Are you on any medications? If yes, list medication and illness  Additional comments:  Additional comments:  Are you experiencing any pain at the current time? If so, indicate where on the body charts below  I understand that the massage/ bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediatly inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort.  I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a chiropractor, physician or other qualified examination, diagnosis, or treatment and that I should see a chiropractor, physician or other qualified examination, diagnosis, or treatment and that I should see a chiropractor, physician or other qualified examination, Because massage/bodywork should not be performed under certain medical construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that three shall be no liability on the practitioner's part should I forget to do so. I agree to pay for services provided to me in this office at the time and date performed. I realize if I am late for an appointment I may not get the entire time originally scheduled. I will have to pay only for the amount of my actual sessi		Have you had any broken bones in the past two years?
Yes No Do you have fibromyalgia? Yes No Do you have cardiac or circulatory problems? Yes No Do you suffer from back pain? Yes No Do you suffer from back pain? Yes No Are you very sensitive to touch or pressure in any specific area? Yes No Are you very sensitive to touch or pressure in any specific area? Yes No Are you any medications? If yes, list medication and illness  Additional comments:  Are you experiencing any pain at the current time? If so, indicate where on the body charts below  I understand that the massage/ bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort.  I further understand that massage or bodywork should not be construed as a substitue for medical examination, diagnosis, or treatment and that I should see a chiropractor, physician or other qualified medical specialist for any mental or physical aliment that I am aware of. I understand that massage/ bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so.  I agree to keep the practitioner updated as to any changes in my medical profile and understand that destination and the future, if I schedule an appointment and cannot make that scheduled time, I will call and cancel my appointment. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in imm	Yes No	Have you been in an accident or suffered any injuries in the past two years?
Yes No Do you suffer from back pain? Yes No Do you suffer from back pain? Yes No Do you have numbness or stabbjing pains anywhere? Yes No Do you have numbness or stabbjing pains anywhere? Yes No Do you have any other medical condition we should be aware of? Yes No Are you on any medications? If yes, list medication and illness  Additional comments:  Additional comments:  Are you experiencing any pain at the current time? If so, indicate where on the body charts below  I understand that the massage/ bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort.  I further understand that massage or bodywork should not be construed as a substitue for medical examination, diagnosis, or treatment and that I should see a chiropractor, physician or other qualified medical specialist for any mental or physical aliment that I am aware of. I understand that massage/ bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so. I agree to pay for services provided to me in this office at the time and date performed. I realize if I am late for an appointment. I may not get the entire time originally scheduled. I will have to pay only for the amount of my actual session. In the future, if I schedule an appointment and cannot make that scheduled time, I will call and cancel my appointment. It	Yes No	
Yes No Do you have numbness or stabbing pains anywhere? Yes No Are you very sensitive to touch or pressure in any specific area? Yes No Are you on any medications? If yes, iist medication and illness  Additional comments:  Are you experiencing any pain at the current time? If so, indicate where on the body charts below  I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort.  I further understand that massage or bodywork should not be construed as a substitue for medical examination, diagnosis, or treatment and that I should see a chiropractor, physician or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage/bodywork practitioners are not qualified to perform spinal or sketeal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so. I agree to pay for services provided to me in this office at the time and date performed. I realize if I am late for an appointment I may not get the entire time originally scheduled. I will have to pay only for the amount of my actual session. In the future, if I schedule an appointment and cannot make that scheduled for payment of the entire schedule appointment.		
Yes No Ye		
Yes No Are you very sensitive to touch or pressure in any specific area?  Yes No Do you have any other medical condition we should be aware of?  Yes No Are you on any medications?  If yes, list medication and illness  Additional comments:  Are you experiencing any pain at the current time?  If so, indicate where on the body charts below  I understand that the massage/ bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort.  I further understand that massage or bodywork should not be construed as a substitue for medical examination, diagnosis, or treatment and that I should see a chiropractor, physician or other qualified medical specialist for any mental or physical aliment that I am aware of. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so.  I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so.  I agree to keep the practitioner in this office at the time and date performed. I realize if I am late for an appointment I may not get the entire time originally scheduled. I will have to pay only for the amount of my actual session. In the future, if I schedule an appointment and cannot make that scheduled time, I		Do you have numbness or stabbing pains anywhere?
Yes No Are you on any medications?  If yes, list medication and illness  Additional comments:  Are you experiencing any pain at the current time?  If so, indicate where on the body charts below  I understand that the massage/ bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediatly inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort.  I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a chiropractor, physician or other qualified medical specialist for any mental or physical aliment that I am aware of. I understand that massage/ bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so.  I agree to pay for services provided to me in this office at the time and date performed. I realize if I am late for an appointment I may not get the entire time originally scheduled. I will have to pay only for the amount of my actual session. In the future, if I schedule an appointment and cannot make that scheduled for payment of the entire schedule appointment.  Patient's signature:	<del></del> -	Are you very sensitive to touch or pressure in any specific area?
Yes No Are you on any medications? If yes, list medication and illness  Additional comments:  Are you experiencing any pain at the current time? If so, indicate where on the body charts below  I understand that the massage/ bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort.  I further understand that massage or bodywork should not be construed as a substitue for medical examination, diagnosis, or treatment and that I should see a chiropractor, physician or other qualified medical specialist for any mental or physical aliment that I am aware of. I understand that massage/ bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so.  I agree to pay for services provided to me in this office at the time and date performed. I realize if I am late for an appointment I may not get the entire time originally scheduled. I will have to pay only for the amount of my actual session. In the future, if I schedule an appointment and cannot make that scheduled time, I will call and cancel my appointment. It is also understood that any illidict or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the entire schedule appointment.	<del></del> -	Do you have any other medical condition we should be aware of?
Are you experiencing any pain at the current time?  If so, indicate where on the body charts below  I understand that the massage/ bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort.  I further understand that massage or bodywork should not be construed as a substitue for medical examination, diagnosis, or treatment and that I should see a chiropractor, physician or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage/ bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so. I agree to pay for services provided to me in this office at the time and date performed. I realize if I am late for an appointment I may not get the entire time originally scheduled. I will have to pay only for the amount of my actual session. In the future, if I schedule an appointment and cannot make that scheduled time, I will call and cancel my appointment. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the entire schedule appointment.	<del></del>	
Are you experiencing any pain at the current time?  If so, indicate where on the body charts below  I understand that the massage/ bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediatley inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort.  I further understand that massage or bodywork should not be construed as a substitue for medical examination, diagnosis, or treatment and that I should see a chiropractor, physician or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage/ bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so. I agree to pay for services provided to me in this office at the time and date performed. I realize if I am late for an appointment I may not get the entire time originally scheduled. I will have to pay only for the amount of my actual session. In the future, if I schedule an appointment and cannot make that scheduled time, I will call and cancel my appointment. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the entire schedule appointment.	100110	
Are you experiencing any pain at the current time?  If so, indicate where on the body charts below  I understand that the massage/ bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediatley inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort.  I further understand that massage or bodywork should not be construed as a substitue for medical examination, diagnosis, or treatment and that I should see a chiropractor, physician or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage/ bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so. I agree to pay for services provided to me in this office at the time and date performed. I realize if I am late for an appointment I may not get the entire time originally scheduled. I will have to pay only for the amount of my actual session. In the future, if I schedule an appointment and cannot make that scheduled for payment of the entire schedule appointment.  Patient's signature:  Patient's signature:		if yes, list medication and liness
Are you experiencing any pain at the current time?  If so, indicate where on the body charts below  I understand that the massage/ bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediatley inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort.  I further understand that massage or bodywork should not be construed as a substitue for medical examination, diagnosis, or treatment and that I should see a chiropractor, physician or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage/ bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so. I agree to pay for services provided to me in this office at the time and date performed. I realize if I am late for an appointment I may not get the entire time originally scheduled. I will have to pay only for the amount of my actual session. In the future, if I schedule an appointment and cannot make that scheduled for payment of the entire schedule appointment.  I signature:  Patient's signature:	Additional comments:	
I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort.  I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a chiropractor, physician or other qualified examination, diagnosis, or treatment and that I should see a chiropractor, physician or other qualified examinations prescribe or treat any physical or mental or physical ailment that I am aware of. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so.  I agree to pay for services provided to me in this office at the time and date performed. I realize if I am late for an appointment I may not get the entire time originally scheduled. I will have to pay only for the amount of my actual session. In the future, if I schedule an appointment and cannot make that scheduled time, I will call and cancel my appointment. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the entire schedule appointment.	ridditional comments.	
I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort.  I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a chiropractor, physician or other qualified examination, diagnosis, or treatment and that I should see a chiropractor, physician or other qualified examinations prescribe or treat any physical or mental or physical ailment that I am aware of. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so.  I agree to pay for services provided to me in this office at the time and date performed. I realize if I am late for an appointment I may not get the entire time originally scheduled. I will have to pay only for the amount of my actual session. In the future, if I schedule an appointment and cannot make that scheduled time, I will call and cancel my appointment. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the entire schedule appointment.	Are you experiencing any r	pain at the current time?
I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I will adjusted to my level of comfort. I strategies a chiropractor, physician or other qualified examination, diagnosis, or treatment and that I should see a chiropractor, physician or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so. I agree to pay for services provided to me in this office at the time and date performed. I realize if I am late for an appointment I may not get the entire time originally scheduled. I will have to pay only for the amount of my actual session. In the future, if I schedule an appointment and cannot make that scheduled time, I will call and cancel my appointment. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the entire schedule appointment.		
bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediatley inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort.  I further understand that massage or bodywork should not be construed as a substitue for medical examination, diagnosis, or treatment and that I should see a chiropractor, physician or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so. I agree to pay for services provided to me in this office at the time and date performed. I realize if I am late for an appointment I may not get the entire time originally scheduled. I will have to pay only for the amount of my actual session. In the future, if I schedule an appointment and cannot make that scheduled time, I will call and cancel my appointment. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the entire schedule appointment.	if so, indicate where on the	sour charts below
bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediatley inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort.  I further understand that massage or bodywork should not be construed as a substitue for medical examination, diagnosis, or treatment and that I should see a chiropractor, physician or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so. I agree to pay for services provided to me in this office at the time and date performed. I realize if I am late for an appointment I may not get the entire time originally scheduled. I will have to pay only for the amount of my actual session. In the future, if I schedule an appointment and cannot make that scheduled time, I will call and cancel my appointment. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the entire schedule appointment.		
bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediatley inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort.  I further understand that massage or bodywork should not be construed as a substitue for medical examination, diagnosis, or treatment and that I should see a chiropractor, physician or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so. I agree to pay for services provided to me in this office at the time and date performed. I realize if I am late for an appointment I may not get the entire time originally scheduled. I will have to pay only for the amount of my actual session. In the future, if I schedule an appointment and cannot make that scheduled time, I will call and cancel my appointment. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the entire schedule appointment.		
bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediatley inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort.  I further understand that massage or bodywork should not be construed as a substitue for medical examination, diagnosis, or treatment and that I should see a chiropractor, physician or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so. I agree to pay for services provided to me in this office at the time and date performed. I realize if I am late for an appointment I may not get the entire time originally scheduled. I will have to pay only for the amount of my actual session. In the future, if I schedule an appointment and cannot make that scheduled time, I will call and cancel my appointment. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the entire schedule appointment.		
bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediatley inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort.  I further understand that massage or bodywork should not be construed as a substitue for medical examination, diagnosis, or treatment and that I should see a chiropractor, physician or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so. I agree to pay for services provided to me in this office at the time and date performed. I realize if I am late for an appointment I may not get the entire time originally scheduled. I will have to pay only for the amount of my actual session. In the future, if I schedule an appointment and cannot make that scheduled time, I will call and cancel my appointment. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the entire schedule appointment.	/ <u>/</u>	
bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediatley inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort.  I further understand that massage or bodywork should not be construed as a substitue for medical examination, diagnosis, or treatment and that I should see a chiropractor, physician or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so. I agree to pay for services provided to me in this office at the time and date performed. I realize if I am late for an appointment I may not get the entire time originally scheduled. I will have to pay only for the amount of my actual session. In the future, if I schedule an appointment and cannot make that scheduled time, I will call and cancel my appointment. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the entire schedule appointment.	f Then	Lundaratand that the massage/
basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediatley inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort.  I further understand that massage or bodywork should not be construed as a substitue for medical examination, diagnosis, or treatment and that I should see a chiropractor, physician or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage/ bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so. I agree to pay for services provided to me in this office at the time and date performed. I realize if I am late for an appointment I may not get the entire time originally scheduled. I will have to pay only for the amount of my actual session. In the future, if I schedule an appointment and cannot make that scheduled time, I will call and cancel my appointment. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the entire schedule appointment.		
of muscular tension. If I experience any pain or discomfort during this session, I will immediatley inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort.  I further understand that massage or bodywork should not be construed as a substitue for medical examination, diagnosis, or treatment and that I should see a chiropractor, physician or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage/ bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so.  I agree to pay for services provided to me in this office at the time and date performed. I realize if I am late for an appointment I may not get the entire time originally scheduled. I will have to pay only for the amount of my actual session. In the future, if I schedule an appointment and cannot make that scheduled time, I will call and cancel my appointment. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the entire schedule appointment.	hull	bodywork i receive is provided for the
pain or discomfort during this session, I will immediatley inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort.  I further understand that massage or bodywork should not be construed as a substitue for medical examination, diagnosis, or treatment and that I should see a chiropractor, physician or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so.  I agree to pay for services provided to me in this office at the time and date performed. I realize if I am late for an appointment I may not get the entire time originally scheduled. I will have to pay only for the amount of my actual session. In the future, if I schedule an appointment and cannot make that scheduled time, I will call and cancel my appointment. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the entire schedule appointment.	- BSV	paolo parposo o i distributo
I will immediatley inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort.  I further understand that massage or bodywork should not be construed as a substitue for medical examination, diagnosis, or treatment and that I should see a chiropractor, physician or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage/ bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so.  I agree to pay for services provided to me in this office at the time and date performed. I realize if I am late for an appointment I may not get the entire time originally scheduled. I will have to pay only for the amount of my actual session. In the future, if I schedule an appointment and cannot make that scheduled time, I will call and cancel my appointment. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the entire schedule appointment.	), ), )	
I further understand that massage or bodywork should not be construed as a substitue for medical examination, diagnosis, or treatment and that I should see a chiropractor, physician or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage/ bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so. I agree to pay for services provided to me in this office at the time and date performed. I realize if I am late for an appointment I may not get the entire time originally scheduled. I will have to pay only for the amount of my actual session. In the future, if I schedule an appointment and cannot make that scheduled time, I will call and cancel my appointment. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the entire schedule appointment.	( )	pain or discomfort during this session,
be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitue for medical examination, diagnosis, or treatment and that I should see a chiropractor, physician or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so. I agree to pay for services provided to me in this office at the time and date performed. I realize if I am late for an appointment I may not get the entire time originally scheduled. I will have to pay only for the amount of my actual session. In the future, if I schedule an appointment and cannot make that scheduled time, I will call and cancel my appointment. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the entire schedule appointment.	$f = \int f$	Will immediately inform the practitioner
I further understand that massage or bodywork should not be construed as a substitue for medical examination, diagnosis, or treatment and that I should see a chiropractor, physician or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so.  I agree to pay for services provided to me in this office at the time and date performed. I realize if I am late for an appointment I may not get the entire time originally scheduled. I will have to pay only for the amount of my actual session. In the future, if I schedule an appointment and cannot make that scheduled time, I will call and cancel my appointment. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the entire schedule appointment.	L.	
examination, diagnosis, or treatment and that I should see a chiropractor, physician or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so. I agree to pay for services provided to me in this office at the time and date performed. I realize if I am late for an appointment I may not get the entire time originally scheduled. I will have to pay only for the amount of my actual session. In the future, if I schedule an appointment and cannot make that scheduled time, I will call and cancel my appointment. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the entire schedule appointment.		
medical specialist for any mental or physical ailment that I am aware of. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so. I agree to pay for services provided to me in this office at the time and date performed. I realize if I am late for an appointment I may not get the entire time originally scheduled. I will have to pay only for the amount of my actual session. In the future, if I schedule an appointment and cannot make that scheduled time, I will call and cancel my appointment. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the entire schedule appointment.	I further understand that ma	assage or bodywork should not be construed as a substitute for medical
bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so. I agree to pay for services provided to me in this office at the time and date performed. I realize if I am late for an appointment I may not get the entire time originally scheduled. I will have to pay only for the amount of my actual session. In the future, if I schedule an appointment and cannot make that scheduled time, I will call and cancel my appointment. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the entire schedule appointment.	examination, diagnosis, or	treatment and that I should see a chiropractor, physician of other qualified
or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so. I agree to pay for services provided to me in this office at the time and date performed. I realize if I am late for an appointment I may not get the entire time originally scheduled. I will have to pay only for the amount of my actual session. In the future, if I schedule an appointment and cannot make that scheduled time, I will call and cancel my appointment. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the entire schedule appointment.  Patient's signature:	medical specialist for any n	nental or physical ailment that I am aware of. I understand that massage/
or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so. I agree to pay for services provided to me in this office at the time and date performed. I realize if I am late for an appointment I may not get the entire time originally scheduled. I will have to pay only for the amount of my actual session. In the future, if I schedule an appointment and cannot make that scheduled time, I will call and cancel my appointment. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the entire schedule appointment.  Patient's signature:	bodywork practitioners are	not qualified to perform spinal or skeletal adjustments, diagnose, prescribe
construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so. I agree to pay for services provided to me in this office at the time and date performed. I realize if I am late for an appointment I may not get the entire time originally scheduled. I will have to pay only for the amount of my actual session. In the future, if I schedule an appointment and cannot make that scheduled time, I will call and cancel my appointment. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the entire schedule appointment.  Patient's signature:	or treat any physical or me	ntal illness, and that nothing said in the course of the session given should be
conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so. I agree to pay for services provided to me in this office at the time and date performed. I realize if I am late for an appointment I may not get the entire time originally scheduled. I will have to pay only for the amount of my actual session. In the future, if I schedule an appointment and cannot make that scheduled time, I will call and cancel my appointment. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the entire schedule appointment.  Patient's signature:	construed as such. Because	se massage/bodywork should not be performed under certain medical
honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so.  I agree to pay for services provided to me in this office at the time and date performed. I realize if I am late for an appointment I may not get the entire time originally scheduled. I will have to pay only for the amount of my actual session. In the future, if I schedule an appointment and cannot make that scheduled time, I will call and cancel my appointment. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the entire schedule appointment.  Patient's signature:	conditions, I affirm that I ha	ive stated all my known medical conditions and answered all questions
understand that there shall be no liability on the practitioner's part should I forget to do so.  I agree to pay for services provided to me in this office at the time and date performed. I realize if I am late for an appointment I may not get the entire time originally scheduled. I will have to pay only for the amount of my actual session. In the future, if I schedule an appointment and cannot make that scheduled time, I will call and cancel my appointment. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the entire schedule appointment.  Patient's signature:	honestly. I agree to keep t	he practitioner updated as to any changes in my medical profile and
I agree to pay for services provided to me in this office at the time and date performed. I realize if I am late for an appointment I may not get the entire time originally scheduled. I will have to pay only for the amount of my actual session. In the future, if I schedule an appointment and cannot make that scheduled time, I will call and cancel my appointment. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the entire schedule appointment.  Patient's signature:	understand that there shall	be no liability on the practitioner's part should 1 forget to do so.
late for an appointment I may not get the entire time originally scheduled. I will have to pay only for the amount of my actual session. In the future, if I schedule an appointment and cannot make that scheduled time, I will call and cancel my appointment. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the entire schedule appointment.  Patient's signature:	Lagree to pay for services	provided to me in this office at the time and date performed. I realize if I am
amount of my actual session. In the future, if I schedule an appointment and cannot make that scheduled time, I will call and cancel my appointment. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the entire schedule appointment.  Patient's signature:	late for an appointment I m	lay not get the entire time originally scheduled. I will have to pay only for the
time, I will call and cancel my appointment. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the entire schedule appointment.  Patient's signature:	amount of my actual session	on. In the future, if I schedule an appointment and cannot make that scheduled
remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the entire schedule appointment.  Patient's signature:	time. I will call and cancel r	my appointment. It is also understood that any illicit or sexually suggestive
for payment of the entire schedule appointment.  Patient's signature:	remarks or advances made	by me will result in immediate termination of the session, and I will be liable
Patient's signature:	for payment of the entire so	chedule appointment.
	3	nature:

## Mankato Chiropractic Center and Mankato's Healing Touch Consent for Purposes of Treatment, Payment and Healthcare Operations

I, [Name of Individual] consent to Mankato Chiropractic
Center, Mankato Chiropractic Center and Mankato's Healing Touch's ("the Practice's") use and disclosure of my Protected Health Information for the purpose of providing treatment to me, for purposes relating to the payment of services rendered to me, and for the Practice's general
healthcare operations purposes. Healthcare operations purposes shall include, but not be limited
to, quality assessment activities, credentialing, business management and other general operation activities. I understand that the Practice's diagnosis or treatment of me may be conditioned upon my consent as evidenced by my signature on this document.
For purposes of this Consent, "Protected Health Information" means any information, including my demographic information, created or received by the Practice, that relates to my past, present or future physical or mental health or condition; the provision of health care to me; or the past, present, or future payment for the provision of health care services to me; and that either identifies me or from which there is a reasonable basis to believe the information can be used to identify me.
I understand I have the right to request a restriction on the use and disclosure of my Protected Health Information for the purposes of treatment, payment or healthcare operations of the Practice, but the Practice is not required to agree to these restrictions. However, if the Practice agrees to a restriction that I request, the restriction is binding on the Practice.
I understand I have a right to review the Practice's Notice of Privacy Practices prior to signing this document. The Notice of Privacy Practices describes my rights and the Practice's duties regarding the types of uses and disclosures of my Protected Health Information.
I have the right to revoke this consent, in writing, at any time, except to the extent that Physician or the Practice has acted in reliance on this consent.
Signature of Patient or Personal Representative
Name of Patient or Personal Representative
Date
Description of Personal Representative's Authority

Copyright © 2002 Brown Rudnick eSolutions, LLC. All Rights Reserved

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES , [patient's name] acknowledge that I have received and agree to the Notice of Privacy Practices of Mankato Chiropractic Center and Mankato's Healing Touch, which describes the Practice's policies and procedures regarding the use and disclosure of any of my Protected Health Information created, received or maintained by the Practice. Signature Date Print Name FOR OFFICE USE ONLY IF NOTICE NOT PROVIDED TO PATIENT The Practice has made a good-faith effort to obtain an acknowledgement of [patient's name]'s receipt of our Notice of Privacy Practices. In spite of these efforts, the Practice has been unable to obtain a signed acknowledgement of receipt for the following reasons (check all that apply): ڡٞ Patient Unavailable Patient Physically Unable Patient Unwilling In an effort to obtain the patients acknowledgement, the Practice has attempted to provide patient with a Notice of Privacy Practices in the following manner (check all that apply): Phone Follow Up ف Mail Phone Follow Up قب ڤ Other: Signature Date Print Name of Physician Mankato Chiropractic Center and Mankato's Healing Touch, Mankato, Minnesota