



Client Intake Form

Ear Candling

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: Home _____ Cell: _____
 E-mail Address: _____
 Occupation: _____ Employer: _____
 Age: _____ Date of Birth: _____ Referred By: _____
 Primary Health Care Provider: _____ Phone: _____
 Do I have permission to consult with your health care provider? Yes (please initial if yes) _____ No
 Medications you are taking now, including aspirin, Ibuprofen, etc.: _____

 Person to contact in Emergency: _____ Phone: _____

Health History

Please answer the following questions by circling the appropriate answer and elaborating when necessary. This information is to help me provide the most beneficial and effective body work for you, and will be kept strictly confidential.

1. Are you sensitive to perfumes, lotions or oils? Yes No
 Please explain: _____
 Treatment for? _____
2. Do you have any skin problems or allergies? Yes No
 Please explain: _____
 Treatment for? _____
3. Do you have heart problems? Yes No
 Please explain: _____
 Treatment for? _____
4. Do you have high blood pressure? Yes No
 Is it currently under control with medication? _____
5. Do you have any lung or breathing problems? Yes No
 Please explain: _____
 Treatment for? _____
7. Are you pregnant? Yes No
 If yes, how far along are you? _____
8. Have you experienced an illness or injury lately? Yes No
 Please explain: _____

 Treatment for? _____

9. Do you have any other health problems I should be aware of? Yes No
Please explain: _____
10. Do you wear hearing aids? Yes No
11. Have you ever had an ear cleaning? Yes No

Please check the symptoms you currently have, or have had in the past:

- | | | |
|--|---|--|
| <input type="checkbox"/> Ear Ache | <input type="checkbox"/> Swimmers Ear | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Ear discharge | <input type="checkbox"/> Headaches | <input type="checkbox"/> Sore Throat |
| <input type="checkbox"/> Loss of Hearing | <input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> Ringing in Ears |
| <input type="checkbox"/> Excess Ear Wax | <input type="checkbox"/> Sinus Problems | <input type="checkbox"/> Dizziness |

Discloser

I _____ understand it is my choice to receive Ear Candling. I understand that the Ear Candling given at Massage Essentials is an "Old Home Remedy", designed to be a health aid. Information exchanged during an Ear Candling session is educational in nature and should be used at your own discretion. I understand that Rachel Malecha does not diagnose illness, disease, or any other physical or mental disorder. As such, she does not prescribe medical treatment or medications. I understand Ear Candling is not a substitute for medical examination, diagnosis or treatment and that I should see a physician when the need indicates. As the person receiving Ear Candling, I assume full responsibility. I agree to communicate with Rachel Malecha at anytime I feel my well-being is being compromised. Because Rachel Malecha must be aware of existing physical conditions, I have stated all my known medical conditions and take it upon myself to keep her updated on my physical health.

Signature: _____ Date: _____

Cancellation Policy

I understand that a one-session fee will be charged to me for missed appointments, or cancellations made without a 24 hour advanced notice.

Signature: _____ Date: _____

Complimentary and Alternative Health Care Client Bill of Rights

Your practitioner holds a Bachelor of Science degree from the University of North Dakota and has received her massage training from Ohio College of Massotherapy and Northern Lights School of Massage. Your practitioner has had over 730 hours of training in the following: Basic Western Swedish style massage, Neuromuscular Therapy from Judith Walker-Delaney, Cross Fiber Friction Therapy, Trigger Point Therapy (based on the teachings of Janet Travelle, MD), Connective Tissue Massage and Reiki from John Latz, Heated Stone Massage, Ear Candling, Anatomy, Physiology, and Ethics and Professionalism. Your practitioner is a member of the American Massage Therapy Association and is Nationally Certified in Therapeutic Massage and Body Work.

“The state of Minnesota has not adopted any educational training standards for unlicensed complimentary and alternative health care practitioners. This statement of credentials is for information purposes only. Under Minnesota law, an unlicensed complimentary and alternative health care practitioner may not provide a medical diagnosis or recommend discontinuance of medically prescribed treatment. If a client desires a diagnosis from a licensed physician, chiropractor, nurse, osteopath, physical/occupational therapist, dietitian, nutritionist, acupuncturist, athletic trainer, or any other health care provider, the client may seek such services at any time.”

- You have the right to express concerns or file complaints with the Minnesota Department of Health, Health Occupations Program, P.O. Box 64975, St. Paul, Minnesota, 55164, (651) 282-6366.
- Fees at Massage Essentials are \$85.00 for one and one-half hour, \$60.00 for one hour, \$35.00 for one-half hour massage, \$45.00 for ear candling, \$45.00 for 15 minute session of Connective Tissue Massage, Neuro-muscular Therapy and Trigger Point Therapy, which includes a 6.0875% Minnesota sales tax. Clients that have been referred by a licensed practitioner and provide a written documentation from their licensed practitioner are exempt from Minnesota sales tax. Payment is expected at time of service by cash or check only. Insurance billing is accepted with completion of insurance form and written referral from a licensed practitioner. A \$5.00 fee will be added to a client's initial visit. A \$10.00 fee will be added for heated stone massage. A \$20.00 fee will be added to all services provided outside the office.
- You have the right to reasonable notice of changes in services and charges. Such notice will be given verbally and will be posted in the treatment room 30 days in advance.
- Massage is the systemic and scientific manipulation of the soft tissue structures of the body to prevent and alleviate pain, discomfort, muscle spasms and stress; and to promote health and wellness.
- You have the right to complete and current information concerning any massage specific assessment your practitioner has made and any recommended services to be provided, including the expected duration of services.
- You can expect courteous treatment and to be free from verbal, physical, or sexual abuse by the practitioner.
- Your records and all transactions with “Massage Essentials” are confidential, unless the release of these records is authorized in writing by you or otherwise provided by law.
- You have the right to access and read your records in accordance with state law section 144.355.
- If other massage and bodywork services are available in your community, your therapist would be happy to assist you in finding information about them and other practitioners.
- You have the right to choose freely among massage and body work practitioners, and to change practitioners after services have begun, with in limits of health insurance or other health programs.
- You have the right to coordinate transfer of your records when there will be a change in the provider of services. If you choose to see another massage therapist or health care provider, your records will be transferred at your request.
- You have the right to refuse services at any time during a massage therapy session. You may assert any of the previous rights without retaliation.

Massage Essentials ▪ Rachel M. Strenge-Malecha
406 Ivanhoe Ave ▪ Northfield, MN 55057 ▪ (507)664-9303

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Complimentary and Alternative Health Care Client Bill of Rights

As of July 1, 2001, the freedom of Access to Complimentary Care Law requires you receive and acknowledge by your signature below, a copy of the Complimentary and Alternative Health Care Client Bill of Rights prior to your treatment.

I _____
acknowledge by my signature that I have read and received the complimentary and Alternative Health Care Bill of Rights.

Clients Signature

Date