Rose Janssen, CMT
1511 E Minnesota St – PO Box 188 - St. Joseph, MN 56374
320-363-7460

Angel's Touch Massage
Rest Your Wings...
Est. 2002

Health History

(Important: All Client information and services are confidential.)

Name: _____ Date: _____

Address: _____ City: _____ State:_____

Zip: _____ Phone: _____ Date of Birth: _____

Occupation: _____ Email (optional): _____

How were you referred to Angel's Touch? _____

Have you had Professional Massage before? Y / N

The following information will be used to plan a safe and effective massage session. Please answer to the best of your knowledge:

Do you have difficulty lying on your front or back? Y / N

Do you have allergic reactions to oils or lotions used on your skin? Y / N

Do you wear: contact lenses dentures hearing aid ?

Do you sit for long periods of time at a workstation, computer or driving? Y / N

Do you perform repetitive movement in your work, sports or hobbies? Y / N
If yes, please describe: _____

Are you experiencing high stress levels in your work, family or other? Y / N

Do you have specific goals in mind for this massage session? Y / N
If yes, please describe: _____

Are you currently making routine visits to a physician, chiropractor, physical therapist or psychologist for an ongoing problem? Y / N
If yes, please describe: _____
_____

Are you currently taking any medication? Y / N
If yes, please describe: _____
_____

Have you had a major surgery within the past year? Y / N
If yes, please describe: _____
_____

(please continue on back)

TY DB

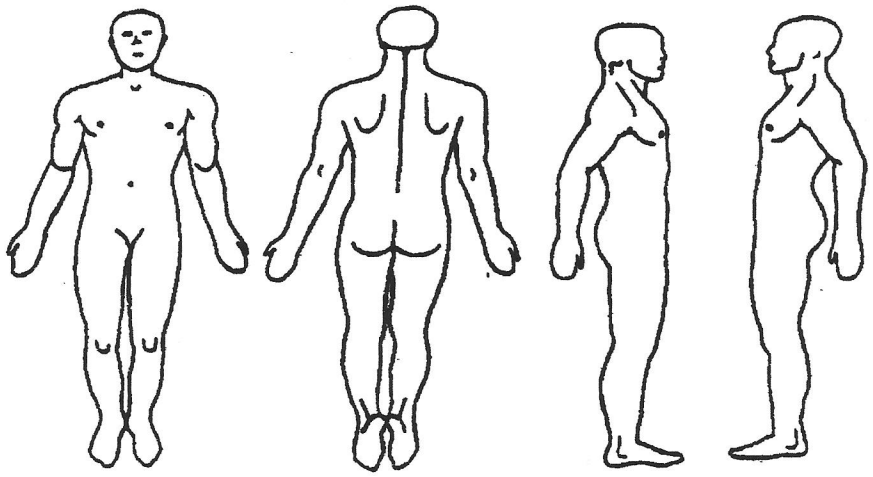
Check all of the following that apply to you (circle specific condition if present):

___ Acne
___ AIDS
___ Allergies
___ Arthritis
___ Athlete's Foot
___ Cancer or Tumors
___ Contact Lenses
___ Diabetes
___ Eczema
___ Fibromyalgia
___ Fractures
___ Glaucoma
___ Headaches
___ Heart Disease
___ Herpes
___ High Blood Pressure
___ Hives or Shingles
___ Impetigo
___ Implementations
___ Joint/Back Problems
___ Kidney Disease
___ Lung Disease
___ Neurological Disorders
___ Pregnant (currently) Term: 1 2 3
___ Rashes
___ Stroke
___ Thyroid Disease
___ Varicose Veins
___ Other_____
_____

Are there any other health conditions you may have concerns about in relation to your massage? Y / N

If yes, please describe:_____
_____

If there are particular areas in which you are experiencing tension, stiffness or pain, please indicate on the diagram below:



- I have read the above statements and agree the health information I provided is accurate to the best of my knowledge.
- I understand the massage therapist does not practice medicine, and I should seek appropriate health care providers for diagnoses and treatment of any suspected medical problem.
- I will be asked permission to contact my physician if the massage therapist thinks it may be useful or necessary.
- I understand it is my responsibility to keep the massage therapist informed of any changes in my health.

All client services and information are confidential.

Signature: _____ Date: _____

Angel's Touch Massage

Rest Your Wings...

Client Bill of Rights

Rose Janssen
Certified Massage Therapist
1511 E Minnesota St - PO Box 188
St. Joseph, MN 56374
320-363-7460

Rose completed the 750-hour Professional Massage Program at Sr. Rosalind's School of Massage – Sauk Rapids Campus in April 2004. Angel's Touch Massage began in her home while in school in 2002. After graduation, Rose worked for Sr. Rosalind's for 6 years both at a massage therapist and instructor while continuing to grow her business.

Therapeutic massage is wellness oriented; meant to improve circulation, decrease muscle tension, improve joint mobility, induce relaxation, promote healthy skin and create a general sense of well being. Rose's work is considered therapeutic; incorporating primarily Swedish massage, deep tissue, trigger point therapy, muscle release and acupressure techniques.

"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, osteopathy, 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."

Rates for Angel's Touch Massage services are listed in the brochures located in the office; rates listed include a same-day cash discount. The base fee is $18.50 per 15 minutes of massage. Discount specials may be offered periodically. Gift Certificates are available. **Payments are made by Visa/MC/Discover, Cash or Check payable to "Angel's Touch Massage"** upon receipt of service.

The client may expect courteous treatment by the practitioner; free from any verbal, physical or sexual abuse. The client may expect the practitioner will never provide services while under the influence of alcohol or other drugs. The practitioner may refuse service to clients under the influence.

The client has the right to complete information concerning the practitioner's assessment and recommended service to be provided, including the expected duration of the services. The client has the right to refuse any services.

Client records will remain confidential unless the client authorizes release of records in writing. Certain health circumstances may require the practitioner to consult with the client's health provider in order to best serve the client. Consultation would not be done without consent of the client. Provision of services may be limited or denied if this consultation is not allowed. The client is allowed access to health records maintained by the practitioner.

A number of massage practitioners are available in the area. The client may choose freely among them and may change practitioners after services have begun. The practitioner listed above will assist in a coordinated transfer to another provider if needed.

The client may assert any of the rights listed above without retaliation by the practitioner. An alternative health care client has the right to file a complaint with the office above if he/she feels their rights have been violated. The client may also contact the Minnesota Department of Health at 651-282-5623.

ASSOCIATED BODYWORK & MASSAGE PROFESSIONALS MEMBER

I have read the above statements and understand my rights as a client of the above named practitioner.

Signature:_____ _____**Date:** _____