

Ron Tuck Therapeutic Massage

Knowledgeable, strong and dependable.

Nationally Certified and Licensed Massage Therapist | 522 Beltrami Ave. NW, Suite 108, Bemidji, MN 56601 | (218) 368-3628

Client Health Information

Name

Date

Address

City State Zip

Daytime Phone

Evening Phone

Date of Birth

Who referred you to this office?

- Person/Business: _____
 Yellow Pages Website _____
 Advertisement Other: _____

What is your major complaint or condition you want to improve?

When did you first notice major complaints?

What brought it on?

What activities aggravate the condition?

Is this condition getting progressively worse?

- Yes No

Does this condition interfere with your **work**?

- Yes No

Does this condition interfere with your **sleep**?

- Yes No

Does this condition interfere with your daily **routine**?

- Yes No

Has there been a medical diagnosis? Yes No

If so, by whom? _____

Have you had X-rays taken? Yes No

Are you now under medical/therapeutic treatment?

- Yes No

If yes, for what condition? _____

List any medications (including aspirin) and nutritional supplements you are taking:

Please list (date & description) any accidents or operations:

In Case of Emergency, Please Notify:

Name: _____

Daytime Phone: _____

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Health History

Instructions: Check the checkbox for conditions that **currently** apply to you. Type (or write) a "P" on the small line next to the condition that you experienced in the **past**. Please add your comments to clarify conditions.

MUSCULAR SKELETAL

- __ Headaches
- __ Joint stiffness/swelling
- __ Spasms/cramps
- __ Broken/fractured bones
- __ Strains/sprains
- __ Back, hip pain
- __ Shoulder, neck, arm, hand pain
- __ Leg, foot pain
- __ Chest, ribs, abdominal pain
- __ Problems walking
- __ Jaw pain/TMJ
- __ Tendinitis
- __ Bursitis
- __ Arthritis
- __ Osteoporosis
- __ Scoliosis
- __ Bone or joint disease
- __ Other: _____

DIGESTIVE

- __ Nervous stomach
- __ Indigestion
- __ Constipation
- __ Intestinal gas/bloating
- __ Diarrhea
- __ Diverticulitis
- __ Irritable bowel syndrome
- __ Crohn's Disease
- __ Colitis
- __ Adaptive aids
- __ Other: _____

REPRODUCTIVE SYSTEM

- __ Pregnancy:
- __ Pelvic Inflammatory Disease
- __ Endometriosis
- __ Norplant
- __ Prostate problems
- __ Other: _____

CIRCULATORY AND RESPIRATORY

- __ Dizziness
- __ Shortness of breath
- __ Fainting
- __ Cold feet or hands
- __ Cold sweats
- __ Swollen ankles
- __ Pressure sores
- __ Varicose veins
- __ Blood clots
- __ Stroke
- __ Heart condition
- __ Allergies
- __ Sinus problems
- __ Asthma
- __ High blood pressure
- __ Low blood pressure
- __ Lymphedema
- __ Other: _____

NERVOUS SYSTEM

- __ Numbness/tingling
- __ Twitching of face
- __ Fatigue
- __ Chronic pain
- __ Sleep disorders
- __ Ulcers
- __ Paralysis
- __ Herpes/shingles
- __ Cerebral Palsy
- __ Seizure Disorder
- __ Chronic Fatigue Syndrome
- __ Multiple Sclerosis
- __ Muscular Dystrophy
- __ Parkinson's disease
- __ Spinal cord injury
- __ Other: _____

SKIN

- __ Rashes
- __ Allergies
- __ Athlete's Foot
- __ Warts
- __ Other: _____

OTHER

- __ Loss of appetite
- __ Forgetfulness
- __ Confusion
- __ Depression
- __ Difficulty concentrating
- __ Hearing impaired
- __ Visually impaired
- __ Burning upon urination
- __ Bladder infection
- __ Eating disorder
- __ Diabetes
- __ Fibromyalgia
- __ Post/Polio Syndrome
- __ Cancer
- __ Infectious disease (please list)

 __ Other congenital or acquired disabilities (please list)

ADDITIONAL COMMENTS

Please list any additional comments regarding your health and well being:

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Complimentary & Alternative Health Care Client Bill of Rights

Practitioner Name: **Ronald Tuck**

Business Name: **Ron Tuck Therapeutic Massage**

Business Address: **522 Beltrami Ave NW Suite #108**

Bemidji, MN 56601

Telephone number: **(218) 368-3628**

As of July 1, 2001, Minnesota's Freedom of Access to Complementary Care Law (Statute Chapter 146A) requires that you receive and acknowledge that you have received by your signature on the back of this page, the following information prior to your treatment.

Ron Tuck nctm, hereafter, "the Practitioner" has the received following education, training and credentials:

- Massage Therapy Diploma – Northwest Technical College, 2005
- NCTM- Nationally Certified for Therapeutic Massage by the National Certification Board of Therapeutic Massage and Bodywork-2005
- Myofasial Techniques; Pete Whitridge seminar, 2005
- Clinical Ethics; Sandy Fritz Seminar, 2006
- Chair Massage; Russell Borner Touch Pro Technique Seminar, 2006
- Orthopedic Assessment; Whitney Lowe, 2007
- Medical Massage; Ralph Stephens Lumbar / Pelvis / Cervical Seminar, 2007; Shoulder girdle / Abdomen Seminar, 2008
- Anatomy Trains; Eli Thompson structural Integration Seminar, 2007
- CranioSacral Therapy Seminar; 2008
- Ethics and Professionalism; Dianne Polseno Seminar, 2009
- Advanced Orthopedic Massage Training; James E Waslaski Upper Body Seminar; Lower Body Seminar, 2009
- Advanced Orthopedic Massage Training; James E Waslaski Upper Body Seminar; 5-Day Training and Certification, 2010

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, 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."

- Complaints: If the Client has a complaint or concern about the care or services they have received, the Client may also contact the Office of Unlicensed Complementary and Alternative Health Care Practice located in Minnesota Department of Health:
- Mailing address: P.O. Box 64882, St. Paul, MN 55164-0882
- Phone: 651-201-3728 Fax: 651-201-3839
- Website: www.health.state.mn.us
- E-mail: richard.hnasko@state.mn.us

- Fees, Payment, Insurance: Fees for Massage Therapy at the Practitioner's office are as follows, with all taxes included: \$75 for 60 minutes or and \$100 for 90 minutes. Payment is accepted by cash or check. This Practitioner is not on contract with any HMO's, PPO's, or any other Insurance Company to provide discounted services. Payment in full for services is expected at the time of service, unless otherwise arranged prior to the appointment. Ron Tuck Therapeutic Massage requires 24 hours notice for cancellations.
- Change of Price: While changes in session fees can occur, reasonable notice of those changes is provided by session fees being posted in the Practitioner's office, or by the client asking when scheduling the appointment.
- Theory of Treatment: The Practitioner utilizes Deep Tissue Massage, Myofascial Release and Swedish-Style Relaxation Massage techniques to help his clients reduce pain, improve circulation of blood and lymph and improve range of motion and mobility
- Right to Current Information: Clients have the right to complete and current information concerning the practitioner's assessment and recommended service that is to be provided, including the expected duration of the service to be provided.
- Right to Confidentiality: Client records are confidential and will not be released, unless authorized by the client in writing or as otherwise provided for by law.
- Right to Self Access: Clients have the right to access to their own records maintained by the Practitioner's office, in accordance with state statute sections 144.291 to 144.298;
- Personal Interaction: Clients have the right to expect courteous treatment, free from verbal, physical, or sexual abuse.
- Other Treatment Available: Other massage therapy services are available to the Client in this same community. These can be located by asking the Practitioner, the provider who referred you to this practitioner or the following practitioner database: www.amtamassage.org
- Right of Agency: The Client has the right to choose freely among available practitioners and to change practitioners after services have begun, within the limits of health insurance, medical assistance, or other health programs
- Records Transfer: The Client have the right to coordinated transfer of your records when there will be a change in the provider of services
- Right of Refusal: The Client may refuse services or treatment, unless otherwise provided by law.
- Right of Nonretribution: The Client has the right to assert the any and all of above-mentioned rights without retaliation from the Practitioner.

I _____ acknowledge by my signature that I have received and understand the Complementary and Alternative Health Care Client Bill of Rights.

Signature

Date

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