Body Kneads Massage
Give the Body What it Kneads

13955 W Preserve Blvd., Suite 200, Burnsville, MN 55337
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Automobile Accident/Workers Comp Questionnaire

CLIENT INFORMATION

Name_____ Phone_____ DOB_____
Address_____ City_____ State_____ Zip_____
E-mail_____
Occupation_____
Referred By_____ Phone_____

Have you been in an auto accident? *Yes or No (circle one)* Worker's Comp claim? *Yes or No (circle one)*

Your Insurance Co. _____ Policy # _____
Claim # _____ Adjuster's Name: _____ Phone # _____
Please explain, in detail, how your accident happened: _____

_____

_____

Driver of other vehicle, if any: _____
Other Driver's Ins Co: _____ Phone # _____
Have you retained an attorney? ☐ Yes ☐ No ☐ Not Yet ☐ Other: _____
If so, attorney's name, address and phone number: _____

_____

Time and Date present Injury occurred: ____:____ ☐ AM ☐ PM on ____/____/_____ (mm/dd/yyyy)
Where were you taken after the accident? _____
Was treatment given? ☐ Yes ☐ No Was any doctor consulted after the accident? ☐ Yes ☐ No
If so, Doctor's name: _____ ☐ DC ☐ MD ☐ DO ☐ DDS
Doctor's Diagnosis: _____
What treatment was given? _____
How long did you see the Doctor? _____
Before the injury, were you capable of working on an equal basis with others your age? ☐ Yes ☐No
Are your work activities restricted as a result of this accident? ☐ Yes ☐No
Since the injury, are your symptoms ☐ Improving? ☐ Getting Worse? ☐ Staying the Same?

Have you ever experienced a professional massage? ☐ Yes ☐No If so, how recently? _____

What kind of pressure do you prefer? □ Light □ Medium □ Firm

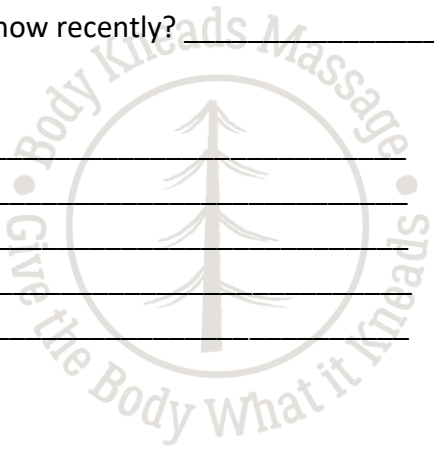
Please list all medications_____

_____

_____

Please list all medical conditions_____

_____



Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.

If you answer "yes" to any of the following questions, please explain as clearly as possible below.

☐ Yes ☐No Do you frequently suffer from stress?
☐ Yes ☐No Do you have diabetes?
☐ Yes ☐No Do you experience frequent headaches?
☐ Yes ☐No Are you pregnant?
☐ Yes ☐No Do you suffer from arthritis?
☐ Yes ☐No Are you wearing contact lenses?
☐ Yes ☐No Do you have high blood pressure?
☐ Yes ☐No Do you suffer from epilepsy or seizures?
☐ Yes ☐No Do you suffer from joint swelling
☐ Yes ☐No Do you have varicose veins?
☐ Yes ☐No Do you have allergies?
☐ Yes ☐No Do you bruise easily?
☐ Yes ☐No Any broken bones in the past 2 years?
☐ Yes ☐No Any injuries in the past 2 years?
☐ Yes ☐No Do you cardiac or circulatory issues?
☐ Yes ☐No Do you suffer from back pain?
☐ Yes ☐No Do you have numbness or stabbing pains?
☐ Yes ☐No Are you sensitive to touch or pressure?
☐ Yes ☐No Have you ever had surgery?
☐ Yes ☐No Do you have any contagious diseases?
☐ Yes ☐No Do you have osteoporosis

Comments_____

_____

_____

I understand that the massage 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 therapist so that the pressure and/or strokes may be adjusted to my level of comfort.

I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage therapists 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 should be construed as such.

Because massage should not be performed under certain medical conditions, I affirm that I have stated all of my known medical conditions, and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so. **I also understand 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 scheduled appointment.**

Signature of Client Date

Consent to Treatment of Minor: By my signature below, I hereby authorize Body Kneads Massage Therapists to administer massage/bodywork therapy techniques to my child or dependent as they deem necessary.

Signature of Client or Guardian Date

Scheduling and Cancellation Policy

Body Kneads massage appreciates that you have chosen our facility for your massage and body work sessions. We strive to provide you with top notch care. We would like to communicate some guidelines and policies in order to provide you with an exceptional session.

To ensure your desired appointment time we recommend that you make your appointments in advance. Please arrive five to ten minutes ahead of your scheduled appointment time. This will allow you to fill out any necessary paperwork, as well as give the therapist time to ask specific questions about any health issues or your specific body needs for that session. From the therapist's side, it gives them the full time to actually have their hands on your tissues, keeps our business on schedule, and respects the next clients scheduled therapy time.

We understand that issues occur. It helps us a great deal if you call and let us know if you will be arriving late. We will do our best to accommodate you. If you arrive late, you will be charges for the entire session and only be granted the remainder of that session if there is a scheduled appointment behind yours. In return, we will make sure that we are on time, and if for some reason we are not, we will give you the time back or adjust the price of the session.

Body Kneads Massage asks that you respectfully give a 24 hour notice of cancellation. If you cancel your appointment with less than a 24 hour notice, you will be charged half of your regular fee. If you miss your entire appointment session without the proper cancellation procedure, you will be responsible for the customary fee for the session.

Your appointment with Body Kneads Massage is reserved for you and we understand there are scheduling adjustments that are necessary. Please know that when you forget to cancel your appointment without proper notice, other practice members are not afforded the opportunity to fill those times and are forced to wait until the next available appointment time. We appreciate your understanding and patronage and look forward to serving you to the best of our ability and delivering the highest quality patient care available

Children are welcome to join you for your massage session if you are unable to find care for them. However, we strongly encourage you to find alternative care if at all possible, as they are a distraction to both you and your therapist. If you need to bring a child or children along with you to your massage, they must accompany you into the massage room. Body Kneads is not liable for your children or possessions during a massage.

Signature of Client or Guardian Date

Financial Responsibility Agreement

Please take a few minutes to read the following financial responsibility statements upheld by our clinic. This form is used to prevent any misunderstandings and to provide our patients with a clear understanding of our billing procedures. If you have any questions please let us know prior to signing the agreement.

Responsible Party Clearly Defined

Payment in full is due on the date of service unless you have active insurance with benefits remaining that are applicable to the procedures being performed. Our office extends a line of credit for the full amount of the

procedure to allow processing time for your health insurance claims. It is understood that the clinic will diagnose treatment based on your health and not your insurance coverage. You are financially responsible for all charges whether or not paid by insurance.

Time Limit to Insurance Claim Processing & Payment Terms and Conditions
All balances remaining open at 60 days are due in full, regardless of pending insurance claims. We will file your insurance claim in order to help your achieve your maximum allowable benefits, but we cannot extend credit beyond 60 days. If you believe that you will need longer than 60 days to pay your charges, please speak to your Doctor or contact our billing department. If the insurance company pays our office after you've paid the balance due, we will issue a refund check to the responsible party and mail it to the address listed on the account.

Additional Interest, Charges and Fees
Monthly charges may also include a $3.00 statement fee. If a check is returned due to insufficient funds or otherwise, a $30.00 return check fee will be added to the account and interest charges may apply.

Collection Activity and Additional Charges
Patient accounts with balances open at 90 days may be subject to more aggressive collection efforts and turn over to a collection agency or an attorney's office. Accounts that are turned over for third party collections will accrue a finance charge which is consistent with the maximum allowable by law and all charges incurred in the recovery of the delinquent account will be added to the patient's account balance. These charges include, but are not limited to, collection fees, reasonable attorney's fees whether litigation is commenced or not, transaction fees, NSF fees, other legal fees and court costs. These recovery costs may increase a patient's balance by as much as 50%.

I have read, understood and agree to the provisions of the Body Kneads Massage Financial Responsibility Agreement:

Signature of Client or Guardian Date