

# Luminous, LLC

## Office Policies

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please be advised of the policies for this office. Your signature below signifies acceptance of these policies.

### **Cancellation**

A 24-hour notice is required for cancellation of an appointment, or you will be charged in full for the appointment. Payment is due before your next appointment.

### **Tardiness**

Appointment times are as scheduled and cannot extend beyond the stated time to accommodate late arrivals. Please be on time to your appointment.

### **Sickness**

Massage/bodywork is not appropriate care for infectious or contagious illness. Please cancel your appointment as soon as you are aware of an infectious or contagious condition. If it is within the 24-hour notice period, the cancellation fee may be waived.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Luminous, LLC**

*Biodynamic Craniosacral Therapy, Massage & Intuitive Energetics*

*Krista Scarvie, Practitioner*

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Referred by: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Bodywork Information**

Have you ever received professional massage/bodywork before? Yes  No

Pressure preference? Light Medium Deep Very Deep N/A

What are your goals/expected outcomes for receiving massage/bodywork/energetic attention?

List and prioritize your current concerns (stress, pain, stiffness, numbness/tingling, swelling, etc.):

Do these symptoms interfere with your activities of daily living (e.g., sleep, exercise, work, childcare)? Yes  No

Explain:

List the medications you currently take:

## Health History

Have you had any injuries or surgeries in the past that may influence today's treatment?

Circle any of the following health conditions that you currently have (If you are unsure, please ask): blood clots, infections, congestive heart failure, contagious diseases, pitted edema, cancer, lymph nodes removed

Are you sensitive to any lotions or oils? Yes  No

Are you pregnant? Yes  No

Do you have any varicose veins, blood clots? Yes  No

Known heart problems or high blood pressure? Yes  No

Do you have osteoporosis, arthritis or spinal problems? Yes  No

## Consent for Treatment

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/bodywork/energetics 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 of which I am aware.

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 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.

Understanding all of this, I give my consent to receive care.

Client Signature:

Date:

Parent or Guardian Signature (in case of a minor):

Date:

## CLIENTS BILL OF RIGHTS

Unlicensed Complementary & Alternative Health Care Practitioner  
MN Statute 146A\* Revised August 2007

**Krista Scarvie, RCST**

**314 Clifton Ave, Suite 200A, Minneapolis, MN 55403 414-405-5141**

Krista Scarvie- Massage Therapist, Intuitive Energetics, Biodynamic Craniosacral Therapy

Trained with North Shore Health Therapies in 2007 and Body Intelligence in 2017

ABMP Member, BCTA Member

**“THE STATE OF MINNESOTA HAS NOT ADOPTED ANY EDUCATIONAL AND TRAINING STANDARDS FOR UNLICENSED COMPLEMENTARY AND ALTERNATIVE HEALTHCARE 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, acupuncture practitioner, athletic trainer or any other health care provider, the client may seek such services at any time.”**

As a complementary and alternative health care client, you have the right to complain with the State of MN concerning the quality of your care. If at any time the services provided by Krista Scarvie do not meet your expectations, please contact me personally. If I am off site, I will respond to your concerns within 24 hours of my return to the office. The Minnesota Occupations program is the governing body in overseeing this law. They can be reached at MN Health Occupations Program (OCAP), PO Box 64882, St. Paul, MN 55164-0882 T: 651-201-3728 F: 651-201-3839

### **Definition of Services:**

I provide massage therapy for the purposes of injury recovery, relaxation, and management of chronic and/or acute pain caused by soft tissues of the body. Biodynamic Craniosacral therapy is offered to assist with settling and calming the nervous system, and supporting overall health. I also offer intuitive energetics which works with the subtle energy bodies for the purposes of relaxation and sourcing your own natural healing abilities.

### **Fees for Sessions:**

**60 minutes: \$95 + sales tax / 60 minutes with heated stones: \$110 + sales tax**

**75 minutes: \$118.75 + sales tax / 75 minutes with heated stones: \$133.75 + sales tax**

**90 minutes: \$142.50 + sales tax / 90 minutes with heated stones: \$157.50 + sales tax**

**(MN State = 6.875%, Hennepin County = 0.15%, Minneapolis = 0.5%, Transit improvement tax = 0.25% = 7.775%)**

The contracted time will be delivered in full unless the responsibility for the delay is caused by the client. Payment is expected at the time of service. Cash, Check, or Credit Cards are acceptable forms of payment. If a check is returned because of the client's insufficient funds, an invoice will be sent to you with any added service fees charged by the therapists bank. Payment is expected within seven days of the receipt.

**Cancellation Policy:** If you need to cancel an appointment, please do so at least 24 hours prior to the appointment. If less than 24 hours notice is given and the therapist is unable to fill the appointment, you may be charged the service fee.

**Treatment:** As a client, you may expect courteous treatment and to be free from verbal, physical, or sexual abuse by the practitioner.

**Clients Records/Transactions:** Client records and transactions are confidential, unless release of these records is authorized in writing by you, the client, or otherwise provided by the law.

**Access to records:** As a client, you have the right to be allowed access to records and written information from records in accordance with section 144.335 of the Minnesota Statutes.

**Other services:** Other massage, bodywork, and energetic services are available to you in the community. Please ask me for information you would like.

**Right to choose, Etc:** As a client, you have the right to choose freely among available massage/bodywork/energetic practitioners after services have begun.

**Refusal of service:** As a client, you have the right to refuse service or treatment, unless otherwise provided by the law.

**Assertion of Rights:** You have the right to assert your rights without retaliation.

I hereby attest that I have received a copy of the complementary and alternative health care client bill of rights in relation to the services to be provided to me by Krista Scarvie, Massage Therapist and Intuitive Energetic Practitioner, as required by section 146A.11 of the Minnesota statutes. 6.13.2013

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

