

BENESSERE: Body in Balance

125 Main Street S.E. Suite 237

Minneapolis, MN 55414

612-378-WELL

Terms of Service

1. Permission to release or exchange information. (Required if you were referred by another health practitioner.) You are authorized to release and request information, including treatment records and history obtained, to and from the parties listed:

Party #1 _____ Your signature _____ Date _____

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2. Financial Responsibility

I claim full responsibility for the services rendered by Benessere: Body in Balance, LTD. for (print client's name) _____ and understand that payment in full is required at the time of service. I understand that Benessere: Body in Balance, LTD. does not do third party billing. I understand that most insurance companies do not reimburse for the services provided here.

I understand that time scheduled for treatment or consultation is reserved for me and that the full fee will be charged unless I change or cancel an appointment at least 24 hours in advance.

3. Informed Consent – Structural Bodywork

I consent to structural bodywork (also called neuromuscular therapy) as an application of massage therapy. I understand that treatment given here is for the purpose of relief from muscular tension or for increasing circulation or energy flow. The practitioner does not diagnose any physical or mental disorder or illness, does not prescribe medical treatment or pharmaceuticals, and does not perform spinal manipulations. Response to therapy differs by individual and specific results cannot be guaranteed. I understand that this therapy is not a substitute for medical examinations and/or diagnosis, and that I am advised to see a physician for any physical ailments. I have stated all me known medical conditions and agree to keep the therapist updated on my health.

4: Informed Consent – Chiropractic Care

Chiropractic, as well as other types of health care is associated with potential risks in the delivery of treatment. Therefore it is necessary to inform the patient of such risks prior to initiating care. While chiropractic treatment is remarkable safe, you need to be informed about the potential risks related to your care to allow you to be fully informed in consenting to treatment.

Chiropractic offices use trained staff personnel to assist with portions of your consultation, examination, x-rays, physical therapy applications, exercise instruction, etc. Occasionally, when your chiropractor is unavailable, another qualified doctor of chiropractic may treat you.

SPECIFIC RISK POSIBILITES ASSOCIATED WITH CHIROPRACTIC CARE:

Stroke – Stroke is the most serious complication of chiropractic treatment. It is on rare occasions, due to injury of the vertebral artery caused by a cervical spine adjustment or manipulation, and when occurs, may cause temporary or permanent brain dysfunction. On extremely rare occasions death occurs. Because the vertebral arteries, which supply the brain with blood, are located within the bones of the cervical spine, cervical treatment poses a small risk. The chances of this occurring are estimated at 1 per 400,000 treatments to 1 per 10 million treatments. The most recent studies (Journal of the CCA, Vol. 37, No. 2, June, 1993) estimate that the incidence of this type of stroke is 1 in every 3 million upper cervical adjustments.

Soreness-Chiropractic adjustments and physical therapy procedures are sometimes accompanied by post treatment soreness. This is a normal and acceptable accompanying response to chiropractic care. While it is not generally dangerous, please advise your doctor of chiropractic if you experience soreness or discomfort.

Soft Tissue Injury-Occasionally chiropractic treatment may aggravate a disk injury, or cause other minor joint, ligament, tendon or other soft tissue injury.

Rib Injury – Manual adjustments to the thoracic spine, in rare cases, may cause rib injury or fracture. Precautions such as pre-adjustment x-rays are taken for cases considered a risk. Treatment is performed carefully to minimize such risks.

Physical Therapy Burns-Heat generated by physical therapy modalities may cause minor burns to the skin. These are rare; they should be reported to your doctor of Chiropractic or staff if they occur.

Other Problems-There are occasionally other types of side effects associated with any health care delivery system, we cannot promise a cure for any symptom, condition, or disease as a result of treatment in this office. An attempt to provide the very best care is our goal and if the results are not acceptable, we will refer you to another provider who we feel will assist your situation.

If you have any questions concerning the above, please ask your doctor of chiropractic. When you have full understanding and consent to have care provided, please print and sign and date below.

HAVING CAREFULLY READ THE ABOVE AND CAREFULLY COMPLETED THE TREATMENT APPLICATION, I HEARBY GIVE MY INFORMED CONSENT TO THESE TERMS.

Patient's Signature

Today's Date

Patient's Name Printed

Parent or Guardian Signature for Minor
