

PATIENT REGISTRATION

Please fill out this form.

All information is for the purpose of providing therapy and/or filing your claim and will be kept in the strictest confidence

Today's Date		Date of Injury			
Patient's Name		Date of Birth	S.S. #		
Address		City	State	Zip Code	
Home Phone #		Driver's License #			
Place of Employment		Work Phone #			
Address		City	State	Zip Code	
Referring Doctor		Phone #			
Address					
Duration: <input type="radio"/> 8 weeks <input type="radio"/> six weeks <input type="radio"/> 4 weeks <input type="radio"/> Other _____ Frequency: <input type="radio"/> 2x/wk <input type="radio"/> Weekly <input type="radio"/> Biweekly <input type="radio"/> Monthly Total Number of Treatments: _____ Type and Location of Pain and Diagnosis Codes if applicable					
Type of Insurance (Please check one) <input type="radio"/> Group <input type="radio"/> Auto/P.I.P. <input type="radio"/> Worker's Compensation <input type="radio"/> Liability					
Insurance Company's Name		Phone #			
Address		City	State	Zip Code	
Policy #/Plan #	Group #		Claim #/ID #		
Effective Date of Policy	Deductible	Deductible Met/Paid? <input type="radio"/> yes <input type="radio"/> no	How much remains?	Percentage Policy Pays	
Adjuster's Name	Ext.	Authorization (Time & Date of Verification)		Authorization #	

POSSIBLE REACTIONS TO LYMPH DRAINAGE THERAPY

You may experience detoxification reactions **two to six days following** a session, depending on the amount of toxins in your body.

Here are some examples of possible reactions.

Common Reactions:

- ◇ Sluggishness, nausea, muscle aches, pain, tiredness. If these don't last, they usually indicate the release of toxins.
- ◇ Urinary reactions: urination may be more often and/or in greater quantity. The urine may be very concentrated at the beginning and very clear after a while (less toxins, more water). There may be a strong odor (toxins).
- ◇ Regarding sleep: You may feel a pleasant tiredness and sleep more. Afterward you may feel very fresh and alert. However, you may have the opposite reaction and not want to sleep. You may feel so energized that you will not want to sleep, but you will also not be tired in the morning.
- ◇ Some bones can spontaneously readjust (tension release).
- ◇ You may experience:
 - Better memory
 - Better taste – also “better taste” for life
 - Better smell
 - Better visual perception of distance and color
- ◇ Emotions: You may cry, sigh, or yawn a lot during the session (signs of emotional release).
- ◇ Acute signs of fever can be signs of detoxification reactions and should not remain more than two or three days.

The “Nothing” Reaction:

In about 6% of cases the “nothing” reaction may indicate another problem that must be addressed first, e.g., bone misalignment, lack of vitamins or nutrients, teeth problems (fillings, infections), etc.

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CONFIDENTIAL CASE HISTORY

We understand that this information is personal and confidential.

(Please print)

Name _____ Home phone # _____
 D.O.B. _____ Age _____ M/F _____ Occupation _____
 Social security number _____ Referred by _____

Present symptoms (your major complaint): _____

When did you first notice major complaints? _____

Minor complaints (other areas of pain or concern): _____

What brought it on? _____

What activities aggravate the condition? _____

Is this condition getting progressively worse? _____

Is this condition interfering with your work? _____ sleep? _____ daily routine? _____

What do you believe is wrong with you? _____

What have you done to get relief? _____

Has there been a medical diagnosis? _____

By whom? _____

X-rays? _____ M.R.I.? _____

Past History:

Have you had similar problems before? _____ If yes, explain: When? _____

What caused the episodes? _____ What relieved them? _____

Did they prevent you from working? _____ Hospitalize you? _____ Disable you? _____

What was the previous diagnosis? _____

What were the treatments? _____

Did they help? _____

Name of the attending physician? _____

Are you on any medication? _____ List: _____

How many physicians have treated you for this injury? _____

Are you taking any of the following? Circle all that apply.

Laxatives	Sedatives	Aspirins	Vitamins	Anti-Depressants
Sleeping Pills	Hormones	Insulin	Herbs	Diet Supplements

Social Habits:

	Heavy	Moderate	Light	None
Alcohol	_____	_____	_____	_____
Coffee/Tea/Caffeine	_____	_____	_____	_____
Tobacco	_____	_____	_____	_____
Exercise	_____	_____	_____	_____
Weekly Sugar Intake	_____	_____	_____	_____

(Continued on back)

Have you ever:

	Yes	No	Describe briefly
Had any operations?	_____	_____	_____
Broken any bones?	_____	_____	_____
Been in an accident?	_____	_____	_____
Had whiplash?	_____	_____	_____

Other:

How many bowel movements daily? _____ Do you have a history of constipation? _____
 If yes, what have you done to relieve it? _____
 Age of mattress: _____ Comfortable: _____ Uncomfortable: _____ Bed board: _____
 Do you use a foam pillow? _____
 Do you sleep on your: Side? _____ Back? _____ Stomach? _____
 Do you wear: Heel lifts? _____ Sole lifts? _____ Arch supports? _____ Inner soles? _____
 Which hand is your dominant hand? Left: _____ Right: _____
 Which pocket do you carry a wallet in? Left: _____ Right: _____
 Which shoulder do you carry your purse on? Left: _____ Right: _____

Do you have any difficulty with the following?

Circle all that apply.

Headaches	Lights bother eyes	Cold sweats
Shooting head pains	Irritability	Liver trouble
Sinus trouble	Muscle spasms in neck	Gall bladder trouble
Loss of smell	Grating in neck	Indigestion
Hayfever	Tightness of shoulder muscles	Intestinal gas
Asthma	Neuritis in shoulders and arms	Constipation
Loss of taste	Pins and needles in arms and hands	Kidney trouble
Tightness in throat	Cold hands	Bladder trouble
Thyroid trouble	Chest pains	Diabetes
Face flushed	Shortness of breath	Cancer
Twitching of face	T.B.	Sleeping problems
Loss of memory	Heart pain	Painful joints
Fatigue	Heart palpitations	Swollen joints
Depression	Heart attacks	Arthritis
Head feels too heavy	High blood pressure	Pinched nerves
Dizziness	Low blood pressure	Pins and needles in leg
Fainting	Anemia	Swollen ankles
Loss of balance	Rheumatic fever	Cold feet
Ringing in ears	Nervous stomach	Pains in legs and feet
Wearing glasses	Stomach trouble	Disc herniation
	Ulcers	Disc rupture
	Nerves and nervousness	Slipped disc/bulging/Disc rupture
	Inner tension	

Male Only:

Pain in groin area
 Sacroiliac or low back pain
 History of prostate trouble
 Urination difficult or dribbling
 Frequent night urination
 Burning upon urination
 Pain in the shoulders
 Persistent abdominal pain
 Pain on outside of legs and heels
 Tire easily
 Lack of energy
 Nervousness
 Excessive perspiration
 Dizziness
 Diminished sex drive
 Burning or pain during orgasm

Female Only:

Menopausal hot flashes, etc...
 Melancholia of long standing
 I.U.D. Diaphragm
 Birth control pills
 How many pregnancies
 Breast implants
 Hysterectomy
 Births
 Difficult births or pregnancies
 Very easily fatigued
 Premenstrual tension or depression
 Painful menstruation cramps
 Menstruation excessive or prolonged
 Menstruation scanty or missing
 Vaginal discharge
 Painful breasts

Patient Signature

Date

Nancy Newman, L.P.N., L.L.C.C.

Complementary and Alternative Health Care Bill of Rights

Nancy Newman, Licensed Practical Nurse (Minneapolis Community Technical College, 1981) and Lymph Drainage Therapy, Lymphedema, Complex Decongestive Physiotherapy Certified, Upledger Institute, 2005 (140 hours), CranioSacral Therapy Levels I and II, Heart Centered Therapy I and II, Upledger Institute.

“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 INFORMATIONAL PURPOSES ONLY.

Under Minnesota law, an unlicensed complementary and alternative health care practitioner may not provide 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.”

You, the complementary and alternative health care client, have the right to file a complaint regarding services or procedures that you received with the following location:

Office of Complementary and Alternative Health Care Practice
Health Occupations Program
Minnesota Department of Health
P.O. Box 64975
121 East 7th Place, Suite 400
Saint Paul, MN 55164-0975
(651) 282-5623

Fees:

\$100.00/hour

You, the complementary and alternative health care client, will receive a minimum of 60 days notice of fee changes.

Brief Description of Techniques:

CranioSacral Therapy – CranioSacral Therapy was developed by John E. Upledger, osteopathic physician, in the 1970's. Therapy is performed using light touch while the practitioner monitors the rhythm of the craniosacral system to detect restrictions and imbalances. Gentle manual techniques are used to release the restrictions in the problem areas and to relieve undue pressure on the brain and spinal cord. The goal of therapy is to have a central nervous system that is free of restrictions and that the body will perform at it's optimal level.

Lymph Drainage Therapy – The therapy approach is an original hands-on method of lymphatic drainage that was developed by Bruno Chikly, MD, of France. Lymph Drainage therapy allows practitioners to detect the specific rhythm, direction, depth and quality of the lymphatic flow. The result of therapy is to achieve optimal lymph flow. Light pressure is used during therapy to determine the best alternative pathways for draining body-fluid stagnations. It is beneficial in the correction of numerous conditions, as well as a useful tool in preventive health maintenance. Lymph Drainage Therapy works to activate fluid circulation and stimulate the functioning of the immune system and the parasympathetic nervous system.

You, the complementary and alternative health care client, have a 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.

You, the complementary and alternative health care client, have a right to courteous treatment and to be free from verbal, physical, or sexual abuse by the practitioner.

Your client records and transactions with the practitioner are confidential, unless release of these records is authorized in writing by you, or otherwise provided by law.

You, the complementary and alternative health care client, have a right to be allowed access to records and written information from records in accordance with section 144.335.

Other services may be available in the community, and information concerning services available can be found at the following locations:

The International Alliance of Healthcare Educators
 11211 Prosperity Farms Rd, D-325
 Palm Beach Gardens, FL 33410-3487
 561-622-4706
www.iahe.com

The Upledger Institute, Inc.
 11211 Prosperity Farms Rd, D-325
 Palm Beach Gardens, FL 33410-3487
 561-622-4334
www.upledger.com

Minnesota Board of Nursing
 2829 University Ave. S.E. Suite 500
 Minneapolis, MN. 55414
 612-617-2270
www.nursingboard.state.mn.us

Minneapolis Community Technical College
 1501 Hennepin Avenue
 Minneapolis, MN. 55403
 612-659-6000
www.minneapolis.edu

You, the complementary and alternative health care client, have 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.

You, the complementary and alternative health care client, have a right to coordinate transfer when there will be a change in the provider of services.

You, the complementary and alternative health care client, may refuse services or treatment, unless otherwise provided by law.

You, the complementary and alternative health care client, may assert your client rights without retaliation.

Prior to the provision of any services, a complementary and alternative health care client must sign a written statement attesting that the client has received the complementary and alternative health care bill of rights.

DATE	SIGNATURE	BILL OF RIGHTS RECEIVED

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CLIENT INSTRUCTION SHEET

LYMPH DRAINAGE THERAPY

Lymph Drainage Therapy is a method of stimulating your lymph and body fluid. It is a very gentle hands-on procedure that will help you eliminate fluid retention, cleanse your body and eliminate toxins and trapped proteins in your tissues. It will stimulate your immune system, help you to relax, and release stress and emotional trauma. It has many other effects on your body, as well. To receive the best results, you should respect the following preliminary procedures.

Before the Session

You are encouraged to tell your therapist if you have any medical conditions, including thyroid problems, a high fever or infection, acute heart or kidney conditions, a fresh scar or burn, or if you are menstruating or pregnant. You should also mention if you are wearing contact lenses.

For optimal results, and to prepare the system for the cleansing, please drink a lot of water or fresh, natural juice for the two to four days preceding a session.

At a minimum, eat lightly the day of your initial drainage in order to avoid possible toxic reactions. Raw fruits and raw or steamed vegetables are preferred.

During the Session

It is not necessary for you to disrobe. Share with your therapist if your back or neck is uncomfortable or if you feel cold. Prepare yourself to relax and be completely cared for – this is a special time for you.

The therapist will need to concentrate in order to achieve the best results; therefore, silence is appreciated during the slow, rhythmic movements of the lymph drainage. During the session, your practitioner may ask you to breathe deeply and slowly at various times in order to activate the lymphatic system.

After the Session

You will be encouraged to give any feedback or share any feelings or emotions you may have felt during the session.

You may or may not have post-treatment reactions. You may want to sleep a lot or you may experience sluggishness or muscle aches. This simply means that toxins are being eliminated from your body. Be sure that you are steady before driving.

It is very important for you to drink as much as possible to help flush out the toxins.