

California Client Information Form, Acknowledgement & Consent to Receive Treatment (In accordance with California Senate Bill Sb-577)

What is Kylie Walsh, MHSc (Osteo)?

Kylie is an Australian trained non-physician osteopath providing a style of hands on manual therapy that is complimentary or alternative to the healing arts licensed by the state of California.

What Kylie Walsh, MHSc. (Osteo) is *not*?

Kylie is not a licensed physician or health care practitioner. The services provided by Kylie Walsh are not licensed by the state of California.

Nature of the services provided.

On presenting to Kylie Walsh for consultation, a detailed history will be taken followed by an examination of the movement and health present in your body. This allows Kylie to better understand the cause and determine appropriate treatment for your presenting complaint.

Treatment will take place sitting, standing or lying down, fully clothed. Treatment of children and babies may also take place nursing or playing; however, the child is comfortable. Kylie will gently place her hands on various areas of the body to help balance the tissues within the body, encouraging and supporting the body in its ability to heal itself. There may be some movement required of you or Kylie may help the body gently unwind with movement.

All of the above is done with your consent, following explanation, reasoning and within your comfort levels.

Theory of Treatment Provided.

During treatment and examination, we relate first and foremost to the Health, the body's natural ability to heal itself. With every stress or strain that the body endures it must do its best to heal or compensate. This compensation is the pain or discomfort we feel in our bodies, the inability of our body to be able to function to its full capacity. Treatment assists in synchronizing these areas of stress or strain with the health, the natural healing forces that are present, powerful and waiting to heal us.

Kylie Walsh, MHSc. (Osteo) Qualifications.

Kylie Walsh has received a Bachelor of Science (Clinical Science) and a Masters of Health Science (Osteopathy) from Victoria University in Melbourne, Australia. She graduated from this combined degree in 2009. Kylie's post graduate study has continued since 2010 in the biodynamic approach to cranial osteopathy, completing many phases around the world as well as treatment of children specific phases. Kylie has been practicing Osteopathy across a variety of clinics across Melbourne, Australia since 2009 offering her services to all ages in need. She is currently sharing her skills and knowledge at 902 Santa Fe Ave, Albany, California.

Acknowledge & Consent to Receive Services

In order to use services provided by Kylie Walsh, California state law requires that you acknowledge the information provided in this form and that you sign it. You will be provided with a copy of the written acknowledgement; the original will be kept in the hands of Kylie Walsh for three (3) years.

- I have read and understand the above guidelines and disclosure about the treatment and techniques offered by Kylie Walsh.
- I have read and am fully informed of Kylie's training and education.
- I have discussed with Kylie any concerns I have about the nature of the treatment that she will be providing.
- If I experience any discomfort during the session(s), I agree to immediately inform Kylie.
- I understand Kylie is not a licensed physician, surgeon or doctor and the service she will be providing is alternative or complimentary and not licensed by the state of California.
- I understand that it is my responsibility to maintain a relationship for myself and/or my child with a medical doctor.
- I understand that the treatment received by Kylie is not a substitute for medical treatment or medications.
- I am aware that Kylie Walsh does not diagnose medical conditions nor does she prescribe medications.
- I understand that any suggestions that are provided to me should not be taken as a diagnosis or recommendation against the advice of a licensed physician or mental health professional.
- I have consented to use the services offered by Kylie Walsh, and I agree to be personally responsible for her fees in connection with the services provided.
- If requested, I have been provided with a copy of the California Senate Bill- 577.

Client Acknowledgement

I have read and understand the above disclosure regarding treatment I will be receiving from Kylie Walsh. I have been provided with a copy of the above document, in accordance with California State Law SB-577.

Name of client

Name of Person Signing (if different from above)

Relationship to client

Signature

Date

902 Santa Fe

902 Santa Fe Avenue, Albany, CA 94706

Kylie Walsh, MHSc (Osteo)

(510) 526-5256 • fax (510) 526-5547

www.kyliewalshosteo.com

902santafe@gmail.com

Date: _____

Patient's Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: (Home) _____ (Work): _____ (Cell): _____

Age _____ Date of Birth ____/____/____ Email: _____

Occupation _____

Referred by: _____

Presenting Complaint/s: _____

_____ Onset of complaint: _____

Goals/expectations of treatment _____

Doctor: _____ Doctor's Telephone: _____

No. in household _____

If Child: Parent or guardian: _____

Siblings _____

Emergency Contact (other than parent) (name & phone): _____

Fees:

- **New patient:** Adult or Child - \$130
- **Follow-up:** Adult or Child - \$110

Office Policies:

- 48-hours (2 business days) cancellation notice
- For "no-shows" and late cancellations, you may be charged half of treatment fee
- We do not bill insurance directly
- We do not take Medicare/Medical nor Workman's Comp
- Payment is required at the time of your visit. We accept cash, check or credit

I have read and agree to honor all office policies.

Signed _____ Date _____

OFFICE POLICIES

Welcome: To help you get acquainted with our office, we have prepared a few words about our policies. If you have any questions or suggestions, please feel free to discuss these with us at any time. Please read and sign each form; this indicates to us that you have read and understand our guidelines.

Your Appointment: Appointments can be made either online or by phone. Every effort is made to examine newborn infants as soon as possible after birth. Special priority is also given to those with acute injuries or medical conditions and pregnant or post-partum women. Your appointment is time set aside for you to see your practitioner. Note that we have a two-business day or 48-hour cancellation policy. If you cancel an appointment less than 48 hours prior to its scheduled time, you may be billed *one-half* the visit fee. Appointments may be cancelled online or by phone (please see our online instruction form). A message may be left on our voicemail at any time. The earlier you can inform us of a change in your plans, the sooner we can give your appointment to someone else on the wait list or in need. Thank you for your co-operation.

Fragrances: Some of our patients are allergic to environmental pollutants, such as perfumes and hair sprays; we would appreciate it if you refrain from wearing these to our office.

Cell phones: We make every effort to cultivate a tranquil, healing environment for our patients. Please refrain from using cell phones in the building and silence any ringers and alarms. Emergent calls can be taken outside the building. We appreciate your understanding.

Fees & Payment: *We require payment for services at the time they are provided.* Kylie is not affiliated with any insurance. As a result an invoice will be supplied for records of your payment, a “super bill” will not.

In the case of minors, the parent or guardian who accompanies the minor is responsible for payment, even if the parents are separated or divorced and the person responsible for paying medical bills is not present at the time of the visit. If your check is returned from the bank, we will charge a \$30.00 “return check” fee. For patients requesting photocopies of their records, a \$25 copying fee applies.

Children: Children must be supervised by their caretaker. For their own safety, please do not allow children to roam about in other rooms or to touch electrical objects.

Thank you for taking the time to read this policy sheet. If you have any questions about this policy, please ask them now. We understand that you have come here to seek specialized treatment and we will endeavor to assist you in a speedy recovery; however, we cannot guarantee any specific result.

I have read and understand the above policy and agree to it.

Patient/Guardian Signature: _____ Date: _____

(Print Name of Patient/Guardian _____)