N'Touch Therapy Intake Form

This information will help us to meet your individual needs.

p-352.316.0401
f-352.335.3939
Email: ntouchtherapy@aol.com

Date __________ Name____ Email __________________________________

Address____
Street City State Zipcode

Home phone_________________ Business phone_________________ Mobile______________

Occupation_________________________________ # of hours you work each week_______

DOB______________ Referred by___________________________ Previous # of massages_________

Exercise choice & frequency____

Reason for coming to see me today: Stress___ Injury___ Pain___ Other____________

Please describe any physical discomfort you are feeling or any recent injury:
____
____

Date of problem: _____ Are you/were you being treated by a doctor for this?______

If yes, for what condition? ____

Please check any of the following you have or had within the last year:
__diverticulitis ___skin condition ___cancer ___insomnia __varicose veins ___herpes ___heart problems
__whiplash ___phlebitis ___high blood pressure ___arthritis ___fractures ___pregnancy _______due date
___headaches ___hematoma ___constipation ____glasses/contacts ___diabetes ___digestive disorders
___epilepsy _____any contagious or infectious disease ____ AIDS hepatitis _______Other

Medications: ____

Please explain your condition(s)/medication(s): ____

____

I understand that the services offered at N'Touch Body Therapy are not a substitute for medical care and any information provided is for educational purposes and not diagnostically prescriptive in nature.

Financial Policy: Clients pay at the end of each visit, unless other arrangements have been made.

Cancellation Policy: The time of your appointment is reserved for you. Please give 24 hour notice if you are unable to keep your appointment. You will be charged for appointments cancelled in less than 24 hours.

I agree to the above terms for my session(s) with N'Touch Therapy.