N'Touch Therapy LLC Scar Management Intake Form– Please fill out completely. Thank you so much

Date_____ **Name:**_____

Phone:_____ **Email:**_____

Address: _____

Street City State zip code

Date of Birth:_____ **Date of Scar Injury**:_____ **Did you have skin grafts?** Yes____ No____

Description of Scar Incident::

_____

_____

_____

Type of Scarring: keloid_____ hypertrophic_____ not sure_____

Location of Scarring:

Contracture(s) yes___ no____ **If yes, please describe contracture limitations**:

_____

_____

_____

_____

_____

Next page please

Thank you for filling out the intake form completely. The information will assist N'Touch Therapy in providing you with the best experience

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Please list all medications and supplements you are taking and the reason for each:

_____

_____

_____

_____

_____

_____

_____

_____

Please check any of the following you have been diagnosed with the last two (3) years:
____PTSD ____ Depression ___skin condition ___cancer ___insomnia ___herpes ___heart problems

___high blood pressure ___arthritis ___headaches ___glasses/contacts ___diabetes ___digestive disorders

__epilepsy ____AIDS ____ hepatitis _____ contagious/ infectious disease _____ Fibromyalgia

_____ Other-Please specify:

_____

_____

I understand that the services offered by the Licensed Massage Therapists during the Working With Matured Scarring Workshop are not a substitute for medical care and any information provided is for educational purposes and not diagnostically prescriptive in nature.

Video Release: I hereby certify and acknowledge that I have been informed that I may appear in photograph(s)/ video(s) of Working with Matured Scarring Workshop projects taken and my photograph(s)/video(s) will be displayed or published. I understand that only photo projects, my photograph(s)/video(s) will be displayed or published. I state that I do herby consent that the photograph(s)/video(s) may be used by the signing of this agreement.

I agree to the above terms for my session(s).

Signature _____ Date_____

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