

Touch of Paradise

314C New Britain Road ♦ Kensington, CT 06037 ♦ (860) 828-6443

Name :	Date of Birth:
Address:	City, State, Zip:
Home Phone:	Work Phone:
Emergency Contact :	Phone:
E-mail:	Referred By:
Do you have any of the following conditions? Please check all that apply.	Are you under a doctor's care for anything that would prevent me from working on you? Explain:
Allergies - please explain:	Hepatitis if so, which one?
Arteriosclerosis	Arthritis
Backache – lower	Backache – upper
Chest Pain	Circulation Problems
Constipation	Contact Lenses
Dentures	Diabetes
Diarrhea	Easily Bruised
Fibromyalgia	Fibrosis
Headache	Hearing Aids
Heart attack If so, when?	Herniated Disc – If so, where?
HIV/AIDS	Hypertension
Impetigo	Immune Deficiency
Jaw pain/TMJ	Leukemia/Cancer
Limb numbness	Mental Illness
Osteoporosis	Osteoarthritis
Pregnant	P M S
Rheumatoid Arthritis	Sciatic Pain
Skin Rash	Skin Sensitivity
Shoulder / Neck pain	Stress – If so, where do you hold it?
Varicose Veins	
Occupation:	Other conditions not listed:
Medications:	Sports/activities:

I affirm that the above information is true to the best of my knowledge.

Signature

Date