

NVE Institute CLIENT INTAKE FORM

ABOUT YOU	NAME									
	EMAIL									
	ADDRESS				CITY		PROVINCE/STATE		POSTAL/ZIP CODE	
	YOUR OCCUPATION						DATE OF BIRTH			
	HOW DID YOU HEAR ABOUT US?									
	MOBILE PHONE			HOME PHONE			WORK PHONE			
	OK TO LEAVE MESSAGES AT THIS NUMBER			OK TO LEAVE MESSAGES AT THIS NUMBER			OK TO LEAVE MESSAGES AT THIS NUMBER			
	EMERGENCY CONTACT NAME AND PHONE NUMBER									
	What is your preference for appointment reminders? Circle all that apply.									
	NO MOBILE USE IS PERMITTED IN SERVICE AREAS OR WASHROOMS ALL ELECTRONIC DEVICES MUST BE EITHER TURNED OFF OR PUT ON AIRPLANE MODE PRIOR TO SERVICE FAILURE TO DO SO WILL RESULT IN REFUSAL OF SERVICE									
CONTACT	HEALTH HISTORY PLEASE CHECK ALL THAT APPLY YOUR CONFIDENTIAL HEALTH HISTORY IS NOT SHARED NOR RELEASED TO ANYONE WITHOUT YOUR PRIOR WRITTEN CONSENT FAILURE TO DISCLOSE MEDICAL CONDITIONS MAY RESULT IN REFUSAL OF SERVICE AND ANY GUARANTEES VOIDED									
	HEADACHES	NECK PAIN	BACK PAIN	TMJ	LEG/KNEE PAIN	SEIZURES	BRUISE EASILY	HIGH/LOW BLOOD PRESSURE		
	VARICOSE VEINS	DIABETES	FIBROMYALIA	ACTIVE CANCER	HEART DISEASE	HYPERREACTIVE	OSTEOPOROSIS	HEPATITIS		
	HIV	HERPES I/II	SKIN RASHES	ASTHMA	MENSTRAL PAIN	CLAUSTROPHOBIC	FIBROSIS	ANXIETY		
	DEPRESSION	ARTERIOSCLEROSIS	ARTHRITIS	SCAR TISSUE	METAL IMPLANTS	NAIL FUNGUS	WARTS	HYPER-PIGMENTATION		
	PHLEBITIS	ABSCESS/OPEN SORES	ECZEMA	SLEEP PROBLEMS	HIVES	PSORIASIS	DERMITIS	SHINGLES		
	SKIN TAGS	CARBUNCLE	IMPETIGO	STRESS	HYPERTENSION	DERMA COSMETIC INJECTIONS		LAST INJECTION _/_/___		
	ALLERGIES (SPECIFY)				COSMETIC SURGERY (SPECIFY)					
	OTHER (SPECIFY)									
	PLEASE LIST ANY CONDITIONS OR SIDE-EFFECTS YOU HAVE AND/OR MEDICATIONS YOU ARE TAKING ASSOCIATED WITH THESE CONDITIONS									
Are you pregnant or trying to become pregnant? <input type="radio"/> Yes <input type="radio"/> No If yes, how many weeks: _____ DUE DATE ___/___/___					Postpartum two years or less? <input type="radio"/> Yes <input type="radio"/> No If yes, birth date ___/___/___					
Our lotion products may contain nut oils. Are you allergic to nut or nut products? <input type="radio"/> Yes <input type="radio"/> No If yes, please list the types of nuts										
Are there any additional medical issues we should know about? If you have an issue you do not wish to state on this form, please discuss it with your iCARE Host.										
LEGAL INFORMATION: BY SIGNING BELOW, I AGREE THAT I HAVE READ AND UNDERSTAND THE FOLLOWING I understand that the services offered at NVE Institute are not a replacement for medical care and that no medical diagnosis will be made. Skincare and bodywork therapy may be contraindicated due to certain medical conditions, I affirm that I have informed the iCARE Host of all known medical conditions and will keep the iCARE Host updated as to any changes in my medical condition going forward. If I experience any pain or discomfort during treatments, I will immediately inform the iCARE Host so that the pressure and/or manipulations, draping, treatments or environment may be adjusted to my level of comfort.										
CLIENT BEHAVIOR Any illicit or sexually suggestive comments or actions made by me will result in immediate termination of the treatment and I am responsible for full payment.										
NON-SOLICITATION POLICY I will not solicit, recruit, or encourage any person employed by NVEI® for employment or the provision of services outside of the NVE Institute's place of business.										
CANCELLATION POLICY Should I cancel or miss an appointment with less than 24 hours' notice, I authorize NVE Institute to charge my VISA/MC/Amex/Discover Card or checking account for the full treatment fee. For double or group bookings we require 72 hours' notice.										
E-MAIL POLICY We will use your e-mail address for appointment reminders, promotions and news from NVEI. Your privacy is important to us. We will not sell, rent, or give your name or address to anyone. To unsubscribe, or to receive less or more information, you can select a link at the bottom of every e-mail or inform NVE Institute that I do not wish to receive further promotional emails.										
SIGNATURE			I acknowledge that I have received notice of NVEI Privacy Practices or have been given the opportunity to review. _____ (Initial Here)			DATE		THERAPIST INITIALS		