Institute of Natural Therapies

Program Application For 2016

P.O. Box 222, Hancock, MI 49930 Applications are accepted at anytime.

Name _____

Last First Middle (Preferred Name)

Address _____

Street City State Zip

E-mail _____

Home telephone _____ Emergency telephone _____

Work phone _____ Social Security number _____

Birth date_____ /_____/_____ □ Married □ Single □ Other

Month Day Year

Employed by _____ □ Unemployed

(Name of business)

Are you currently a student elsewhere?_____ If yes, where:_____Are you disabled? _____

Have you ever filed for disability compensation? _____ Do you have a learning disorder? _____

Do you have any injuries that may prevent you from giving or receiving massage therapy? _____

If yes, describe _____

Do you have any special circumstance that we need to know about to best assist your learning? _____

_____

Other workshops or related seminars _____

High School or GED from _____

College _____ Degree Earned _____

Licenses and certifications _____

Have you ever been convicted of a violation of the penal laws of any State or of the United States?_____ If yes, explain (use an additional sheet of paper if necessary). _____

Were you referred to INT by an INT graduate?_____ If so, who and when. _____

Check box if you now own a massage therapy table. □ (You will receive a tuition discount in level 3)

I hereby certify all the above statements are true. I understand that falsification or failure to disclose information on this application or any attached materials will be considered fraud and can cause me to be dismissed immediately from this school without refund or diploma.

X _____ _____

Signature Date

Sending your application and fee early will ensure your space in the class of your choice. All payments will be refunded by mail September 1, if your class option is canceled. Please see page 14 for descriptions of options available and select below:

CHOOSE A LEVEL: (We cannot guarantee availability)

□ Level I □ Level II □ Level III □ Complete Program Levels I-III

Institute of Natural Therapies

P.O. Box 222, Hancock, MI 49930

Institute of Natural Therapies Professional Massage Therapist

Student Health Questionnaire

This will be used as a guideline and will remain confidential
except if the class needs to know specific contraindications for massage therapy.

Name_____ Today's Date _____
Weight _____ Height _____ Birth date _____

Do you have, or have you been informed of any of the following conditions, or health problems?
Please write the answer "YES" or "NO"

Circulatory disorders	_____	Mental disorders	_____	Thyroid problems	_____
Blood clots	_____	Neurological disorders	_____	Carpal Tunnel	_____
Thrombosis	_____	Numbing/tingling	_____	Hand/wrist pain	_____
Phlebitis	_____	Loss of sensation	_____	Digestive problems	_____
Varicose veins	_____	Memory loss	_____	Respiratory problems	_____
Heart disease	_____	Learning disorder	_____	Low back pain	_____
High blood pressure	_____	Hallucination	_____	Spinal pain	_____
Low blood pressure	_____	Visual disorder	_____	Low blood pressure	_____
Dizzy spells	_____	Trembling	_____	Diabetes	_____
Arthritis	_____	Audio disturbance	_____	Stroke	_____
Osteoporosis	_____	Closed head injury	_____	Skin irritations	_____

Please list any medications your are currently using _____

_____

Are you presently under the care of a medical physician/chiropractor/therapist? If yes, please explain

_____

_____

Are you receiving care from a psychologist, social worker/counselor? If yes, please explain _____

_____

_____

Do you have chronic body discomfort? If yes, please explain _____

_____

Past accidents, injuries, or broken bones? Surgeries?_____

_____

What is your current exercise program, and/or special diet? _____

_____

Do you use alcohol, tobacco, or caffeine? If yes, please specify _____

_____

I certify the above information is true.

Signature _____ Date: _____