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Update Information Form

Date _____

Name _____ Birthday _____

Mailing Address _____

City _____ ST _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Primary Phone: Home Work Cell

E-Mail _____

Emergency Contact _____ Phone _____

Would you like to be on the mailing list for body work specials at *The Tao of Touch*?

- Yes, by e-mail Yes, by mail No thanks

Please list any recent changes to your medical history _____

The medical information I have given is accurate and complete to the best of my knowledge. By signing, I acknowledge that I have read a copy of *The Tao of Touch's* Office Policies and agree to abide by them.

Signature _____ Date _____