



Cypress Health Institute

CONFIDENTIAL STUDENT APPLICATION FORM

Name: _____ Date _____

Address _____ City _____ Zip _____

Telephone: work: _____ Home: _____

Occupation _____ Education _____

If unemployed identify source of tuition funding: _____

Are you presently under the care of a physician? _____

Name of physician _____ Telephone _____

Are you presently on medication? _____

Type of medication? _____ How long? _____

Have you been hospitalized in the past twelve months? _____

Are you presently pregnant? _____ Length of pregnancy? _____

Have you received treatment from a substance recovery program within the past twelve months? _____ Length of treatment _____

Is your current life situation (both work and personal)?
mildly stressful _____ moderately stressful _____ severely stressful _____

Would you say your overall self image is:
poor _____ good _____ excellent _____

Any serious or chronic injuries? _____

Please indicate any present or severe history with the following symptoms:

Asthma _____	anxiety _____	high blood pressure _____
ulcers _____	diabetes _____	suicidal tendencies _____
alcoholism _____	seizures _____	hallucinations _____
black outs _____	phobias _____	nervous tension _____

Name and number of closest relative to be called in case of an emergency?

Name _____ telephone _____

Referred by _____

The Therapeutic Massage Program consists of 170 hours of classroom instruction