

**Delicate Touch Healing Arts
Lacey Sanders, MAOM, LAc, LMT
(801) 872-9640**



First Name: _____ Last Name: _____ Male/Female
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Email: _____
Date of birth: _____ Age: _____
Marital status: _____
Emergency contact: _____ Relationship: _____ Phone: _____
Referred by: _____

Please describe the main reason for your visit today:

Please indicate if you have any of the following:

- Cardiac pacemaker
- Seizure disorder
- Bleeding disorder/ Blood thinners
- Fainting disorders
- High blood pressure
- Believe you are or may be pregnant
- HIV/AIDS positive
- Hepatitis
- Tuberculosis
- Other: _____

List all major childhood and adult illnesses:

Have you had any surgeries, major accidents or injuries, please explain:
