

APPLICATION

**Include \$75 registration fee with application
(non-refundable)**

Institute of Psycho-Structural Balancing
5817 Uplander Way
Culver City, CA 90230
(310) 342-7130 • fax: (310) 342-7135
online at: www.ipsb.com

In which Program are you enrolling?
___ 150 Hour Massage Technician
___ Individual advanced class

SS# _____ Date of Application _____ Start Date _____

Name _____
Last Name First Name

Name _____
Your name as you want it to appear on your diploma

Home Address _____
Street Apt #
City State Zip Code

Home Phone _____ Age _____ Date of Birth _____

Cell Phone _____ Email Address _____

Marital Status _____ Children _____
Include spouse's name if married How many/ages

Occupation _____ Work Phone _____

Employment _____
Name of Company/Business Street City State Zip

Educational History - Include high school, college, degrees held, etc.:

In case of emergency, call: _____
Name Relationship Phone

Method of Payment - Check one: In Full _____ Installments _____

On a separate page, discuss the following topics. Please be specific and thorough. It is important that you represent yourself clearly and honestly.

1. Why are you interested in doing bodywork? 2. Why are you choosing to enroll at I.P.S.B.?

3. How did you hear of this course? 4. Do you have previous training in bodywork or other healing arts? Please be specific.
(over, please)

Health History: Due to the nature of the training, we would like to know about your physical / mental / emotional condition.

Are you presently or have you ever been under the care of a therapist or doctor, holistic or otherwise?

Are you currently taking medication, including homeopathic remedies? Please explain.

Please list major surgeries, illnesses, information on broken bones, concussions, accidents, etc.

Please mark each item that applies with a "P" for past condition or a "C" for current condition. If you have a condition not listed please mark "Other" and specify in the space provided.

Skin:

- Herpes
- Hives, eczema or rash
- Athlete's foot
- Psoriasis
- Other _____

Head, Eyes, Nose, Throat:

- Nosebleeds
- Impaired hearing
- Dizziness
- Loss of consciousness
- Cataracts
- Glaucoma
- Other _____

Respiratory:

- Pneumonia
- Tuberculosis
- Asthma
- Bronchitis
- Other _____

Cardiovascular:

- Heart murmurs
- Heart attack (how many _____)
- Stroke (how many _____)
- Hypertension
- Other _____

Gastrointestinal:

- Gastritis
- Peptic ulcers
- Hernia
- Hepatitis
- Other _____

Urogenital:

- Syphilis
- Gonorrhea
- Kidney stones
- Candidiasis
- Other _____

Musculoskeletal:

- Varicose veins
- Tendonitis
- Arthritis
- Joint disease
- Fascia disease
- Other _____

Endocrine:

- Thyroid disease
- Other _____
- Anemia
- Seizure disorder
- Hemophilia
- Diabetes
- Cancer (what kind _____)
- Epstein Barr Syndrome
- Any Communicable disease (what kind _____)

Have you ever had psychiatric care?

If yes, please elaborate.