American Institute of Alternative Medicine

Prospective Student Information

PROSPECTIVE STUDENT NAME			DATE	
ADDRESS			DAY	TIME
CITY/STATE/ZIP		E-MAIL ADDRESS		
HOME PHONE	HOME FAX	WORK PHONE	WORK FAX	
CURRENT CAREER		DAY & DATE APPT SCHEDULED	TIME APPT SCHEDULED	

REFERRAL SOURCE
☐ TV ☐ RADIO ☐ YELLOW PAGES ☐ REFERRAL ☐ OTHER (EXPLAIN)
☐ DIRECT MAIL ☐ NATURAL HEALERS ☐ INTERNET ☐ FRIEND

NOTES

H.S. ☐ YES ☐ NO
GED ☐ YES ☐ NO

YEAR

DOB

COLLEGE
☐ YES ☐ NO

PROGRAM OF INTEREST:

☐ LICENSED MASSAGE THERAPY

☐ ACUPUNCTURE

☐ TUINA

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