

Probation start date: _____
Probation end date: _____

Massage License # _____

Lighthouse Professional Services, Inc.
INTAKE SHEET
(Confidential)

Date _____ Referred By _____ Purpose _____

Name _____ Other (Maiden, Alias) _____

Address _____

City, State, Zip _____ County _____

Phone# _____ Email _____

Birth Date _____ SS# _____ Race _____ Gender _____ Hair _____ Eyes _____

Driver's License State & Number _____

Currently Restricted? _____ Why? _____

Previously Restricted? _____ Why? _____

Single Married Divorced Other _____

No. of Children _____ Children's Ages _____ Do you have custody? _____

Current Living Situation: Rent? _____ Own? _____

Live with: (circle any that apply) Alone Spouse Roommate Children(my own or another's) Relatives

Employer or Source of Income _____

Highest Grade Completed other than massage school _____

College/University Attended _____

Massage Schools Attended _____

Date Graduated _____ Passed national tests? _____

Number of DUIs on record: _____ When? _____

List all convictions and/or arrests, the year and court where it occurred (attach additional sheet if necessary) _____

Have you served jail time? _____

Are you currently on probation? _____ Why? _____

Do you have unpaid fines or unfinished court mandates from any court in the U.S.? _____

If yes, where and what? _____

Have you ever had treatment for substance abuse? _____ Mental or Emotional Disorder? _____

Reason for contacting Lighthouse Professional Services _____
