

REFLEXOLOGY CLIENT INFORMATION FORM

Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Telephone: C () _____ W () _____

Have you had Reflexology before? Yes No

Occupation: _____ Birthday month/day _____

Email _____ Subscribe to Newsletter & Specials Yes No

Reason for appointment? _____

Referred by: _____

| Please check any condition that applies or has occurred in the last 5 years. | | | |
|--|---|--|---|
| <input type="checkbox"/> Plantar Fasciitis | <input type="checkbox"/> Spinal column | <input type="checkbox"/> Cancer | <input type="checkbox"/> Emphysema |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Problems |
| <input type="checkbox"/> Kidney Disorder | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Arteriosclerosis | <input type="checkbox"/> Dentures |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Blood Clots | <input type="checkbox"/> Allergies | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Skin Problems | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Blood Pressure | <input type="checkbox"/> Pace maker |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Active TB | <input type="checkbox"/> Active Bronchitis | <input type="checkbox"/> Knee Problems |

Any specific pain area/tension/injury? _____

Any other medical condition we should know? _____

Taking medications? _____

I, _____, understand that reflexology given here is for the purpose of stress reduction, relief from muscular tension or spasm or for increasing circulation and energy flow. I understand that a reflexologist does not diagnose illness, disease or any other physical or mental disorder. As such, the reflexologist does not prescribe medical treatment of pharmaceuticals, nor perform any spinal manipulations. It has been made very clear to me that reflexology is not a substitute for medical examinations and/or diagnosis and that it is recommended that I see a physician for any physical ailment I might have. Because a reflexologist must be aware of existing physical conditions, I have stated all my known medical conditions and take it upon myself to keep the reflexologist updated on my physical health.

Signature _____ Date _____