

REFLEXOLOGY
CONFIDENTIAL CLIENT INFORMATION

Directions: Please supply the following information and please print clearly.

Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date of Birth: _____ Occupation: _____

Email Address: _____

Is this your first experience with reflexology? Yes No

Is there any area where you have tension, muscle pain or stiffness? _____

List any injuries, illnesses or surgeries in the last year: _____

List current medications: _____

Health History: Please check any conditions or symptoms you have:

<input type="checkbox"/> Contact Lenses	<input type="checkbox"/> Allergies/Sinus	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Athlete's Foot
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Suffer from Stress	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Sciatica
<input type="checkbox"/> TMJ	<input type="checkbox"/> Varicose veins	<input type="checkbox"/> Contagious Diseases	<input type="checkbox"/> Pregnant due date: _____

Other: _____

Informed consent:

The above information is accurate to the best of my knowledge and I freely give my permission to receive reflexology. I agree to inform the therapist of any experience of pain during the session. I understand that no inappropriate comments or conduct will be tolerated. Any indication of such behavior will automatically end the session.

Patient signature: _____ Date: _____

Reflexology is based on a Zone Therapy theory in which certain points on the feet, hands, and ears are directly related to an organ in the body.

The zones are thought to be energy pathways and are closely related to our nerve pathways. If the pathways are not flowing freely, the related organ will become sluggish or dysfunctional.

The intent on general Reflexology is to clear congestion, with the added benefit of reducing anxiety, causing relaxation, and starting the body to begin an inner healing process.