New Client Information Form – to be completed before first appointment

Personal details

Name:	Date of treatment:
Date of birth:	Telephone number:
Address:	Email address:
	Number of children:
Postcode:	Occupation:

GP details

Health information

Medications

Caution check

Acute undiagnosed pain (refer to GP/ A&E)

Allergies Y/N

Diabetes Y/N

Epilepsy Y/N

Osteoporosis Y/N

Any heart or blood pressure issues? Y/N

Varicose veins/phlebitis in treatment area Y/N

Imminent medical tests or procedures Y/N

Recent surgery Y/N

Injury or condition linked to area worked Y/N

If you have answered YES to any of the above, please give details:

Note on contraindications

Please note that the following are contraindicated conditions: Cellulitis on lower legs or feet, fever or contagious illness, deep vein thrombosis or pulmonary embolism, or clients that are currently under the influence of alcohol or drugs.

Recent medical health

Do you have any areas of pain currently?

Date of last period/ how are your periods? (if applicable)

Lifestyle

How is your diet?	
What do you drink in a day? e.g. water, tea, coffee (caffeinated or decaffeinated?)	
Bowel and urinary health	
Smoking/alcohol	
Do you exercise?	
Do you find it easy to relax and how do you relax?	
Describe your sleep pattern	
How would you rate your energy levels?	Low 1 2 3 4 5 6 7 8 9 10 High
How would you rate your stress levels?	Low 1 2 3 4 5 6 7 8 9 10 High

Any other relevant information

Reason for seeking reflexology

I am pregnant or trying to get pregnant. I have discussed this with my reflexologist and I understand that while there is a natural chance of miscarriage throughout pregnancy but especially in the first trimester, there is no evidence that reflexology causes miscarriage. I am happy to go ahead with the treatment. Y/N N/A

I declare the information in this form to be true, and accept that it is my responsibility to keep my practitioner updated regarding any changes in my health or medication. I am happy to receive reflexology.

Signed: **Dated:**

Parental signature if client is under 16 years old: **Dated:**