



Reflexology Health Record

Date: _____

Name: _____

Date of Birth: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Email: _____

Phone Number (H): _____ (W) _____

1. What is your occupation?

2. Are you in good health? Yes No If no, explain:

3. Are you undergoing any other therapies? Yes No If yes, please list: _____

4. What are your objectives/expectations for this session?

5. When did you last visit your doctor?

Reason:

6. List past surgeries/injuries and when:

7. Are you taking medications (vitamins, dietary supplements)? Yes No

If yes, please list:

8. Do you sleep well? Yes No If no, Please explain:

9. Do you suffer from anxiety or worry? Yes No Please Explain

10. Is your blood pressure: Normal High Low Stable Erratic

Please Explain: _____

11. Are you pregnant? Yes No If yes, which trimester?

Have you had other pregnancies? Yes No If yes, were there complications? _____

Date of last period _____

12. Do you have allergies/sinus conditions? Yes No If yes, explain:

13. Do you wear prostheses? (eg. Glasses, contacts, glass eye, artificial joint/limb, metal plate, pins or wires, dentures, hearing aid) Yes No If yes, list:

14. Are there any current problems with your health? Explain:

15. Is there anything else about your health you wish to discuss?

Do you or have you ever had problems with the following: Please check

Conditions:	Yes, if so what	No	Unsure
Cardiovascular			
Reproductive issues eg. Endometriosis			
Lung			
Eye Problems			
Foot problems			
Lymphatic or Immune			
Cancer			
Diabetes			
Urinary			
Endocrine eg. Menopause, Thyroid			
Integumentary System eg. Skin			
Digestive			
Musculoskeletal			
Respiratory			
Mental Health			

Consent:

I, the undersigned, consent to reflexology treatment and understand that the sessions are for stress reduction and relaxation. Reflexology does not substitute for medical examination, diagnosis, or treatment and I will consult a physician, or other qualified medical specialist for all my mental or physical ailments of which I am aware. I may stop the session at any time, either during the assessment or the treatment. Reflexology therapists do not diagnose, prescribe, treat for specific conditions or use tools of any kind. I confirm that I have informed the therapist of my known medical conditions and answered all questions honestly. Should I seek further reflexology treatment from the therapist, I agree to update them as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I forget to do so.

Client Signature: _____

Date: _____