



# Reflexology Health Record

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number (H): \_\_\_\_\_

(W) \_\_\_\_\_



1. Are you undergoing any other therapies? Yes  No   
If yes, please  
explain\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_



\_\_\_\_\_

3. Are you taking medications (vitamins, dietary supplements)? Yes  No  If yes, please list:

\_\_\_\_\_



\_\_\_\_\_

\_\_\_\_\_

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


\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_



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



\_\_\_\_\_

7. Are you pregnant? Yes  No  If yes, which trimester? \_\_\_\_\_

8. Have you had other pregnancies? Yes  No  If yes, were there complications?  
\_\_\_\_\_

Date of last period \_\_\_\_\_

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

10. 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:  
\_\_\_\_\_  
\_\_\_\_\_

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

Conditions:	Yes, if so what	No	Unsure
Cardiovascular			
Reproductive issues eg.			
Lung			
Eye Problems			
Foot problems			
Lymphatic or Cancer			
Diabetes			
Urinary			
Endocrine eg. Menopause,			
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: \_\_\_\_\_