

360° Reflexology Intake Form

Personal Information

Name _____ Phone (day) _____ (evening) _____

Address _____ City/State/Zip _____ DOB _____

Occupation _____ Email _____

Emergency Contact _____ Relationship _____ Phone _____

How did you hear about us? _____

Health Information

Are you taking any medications? yes no

If yes, please list name and use: _____

Do you have DVT? yes no

Are you currently pregnant? yes no

Have you had any recent injuries? yes no

If yes, please list: _____

By signing this form I give my consent to a reflexology session, and acknowledge that reflexology is not a substitute for medical care. I understand that I can discontinue my session at any time. I agree that I have completed this form to the best of my ability and knowledge and agree to inform my Reflexologist if any of the above information changes at any time.

As a client, it is important you know that:

1. I am NOT a doctor.
2. I do NOT practice medicine.
3. I do NOT diagnose or treat for specific illness.
4. I do NOT prescribe or adjust medications.
5. You are recommended to see your doctor for any specific medical problems.

Client Name (print): _____

Client Signature: _____

Date: _____

Reflexologist Signature: _____

Please indicate any of the following that apply to you:

- Stroke
- Heart Attack
- Kidney Dysfunction
- Numbness
- Cancer
- Headaches/Migraines Arthritis
- Diabetes
- Joint Replacement(s)
- High/Low Blood Pressure
- Neuropathy
- Fibromyalgia