aSPAthecary
Reflexology
Client Intake Form

Name: _____ Date: _____

Address: _____ City/State/Zip: _____

Phone: _____ Occupation: _____

Referred by: _____ D.O.B.: _____

Email address: _____

In case of emergency, contact: _____ Phone: _____

Any damage to your feet? _____ If yes, please describe (i.e., bunions, cuts, breaks, wounds, infections, recent stubs, rashes: _____

Primary complaint: _____ Any recent injuries?

How did this condition develop? _____

What makes it worse? _____

Does your condition interfere with your work? _____ Sleep? _____ Recreation?

Have you seen a physician? _____ Have you seen a Chiropractor?

List medications (including Aspirin), herbal, or nutritional supplements and their purpose:

Do you have high blood pressure? _____

Are you (or have you been) a smoker? _____ Did you quit? _____ If yes, how long ago? _____

Do you have any type of blood clots or any condition that may cause clotting? _____

If yes, what is the condition? _____

Surgeries, and when: _____

Have you broken any bones in the past two years? Which one(s): _____

Are you pregnant? _____ If yes, when is your due date? _____

Do you have any skin conditions, allergies, or sensitivities? _____ If so, please explain: _____

Have you ever had a reflexology treatment? _____

Please check any of the following conditions if you have had them recently:

Allergies	Back pain	Stomach disorders
Sinusitis	Low back pain	Spina bifida
Arthritis	Herniated disk	Varicose veins
Bursitis	Sciatica	Blood clots
Diabetes	Insomnia	Heart conditions
Fatigue	Cold feet	Severe depression
Dizziness	Cold hands	Cancer
Ringing in the ears (tinnitus)	Numb feet	Chest pain
Loss of balance	Edema	Shortness of breath
Fainting spells	Hepatitis	Low or high blood pressure
Headaches	Diarrhea	PMS
TMJ dysfunction	Constipation	Warts
Neck pain	HIV	Skin disorders
Shoulder pain	Abdominal hernia	Other: _____

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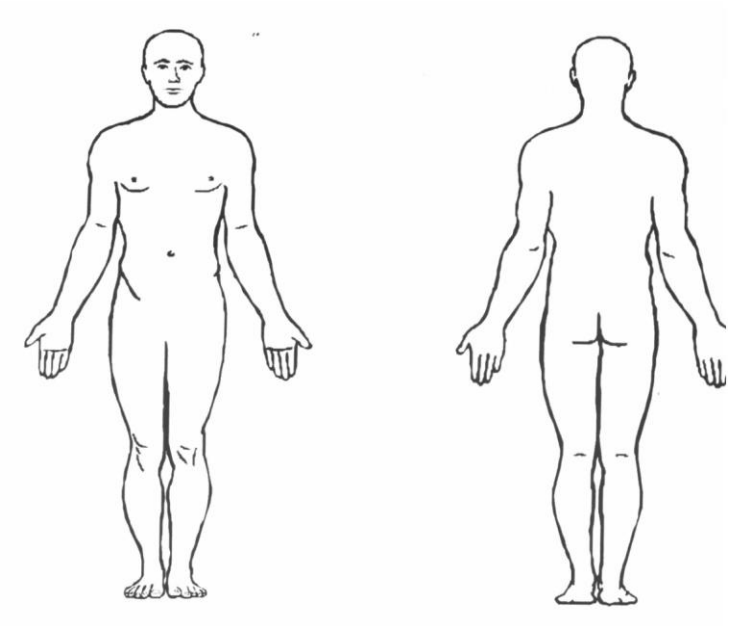
On the following diagram, please indicate any areas of discomfort:



Do you have any other medical conditions (both major or minor) not already covered herein that you think the reflexologist should be aware of? If so, please explain:

IMPORTANT: PLEASE READ!

Because a reflexologist must be aware of any existing physical conditions that I may have, I have listed all of my known medical conditions and physical limitations, and I will inform my reflexologist of any changes in my physical health.

This therapy does not replace any medical care for any condition. It acts as an aid. I understand and agree that: 1) the reflexology that I am given is for the purpose of stress reduction, relief from tension, or for improving circulation and lymphatic flow; 2) that a reflexologist neither diagnosis illness, disease, or any other medical, physical, or mental disorder; 3) that I am responsible for consulting a qualified physician for any physical or mental ailments that I may have; 4) that health and accident insurance policies are an arrangement between an insurance company and myself; 5) this reflexology treatment is strictly therapeutic and professional. Any inappropriate comments or actions on my part will result in immediate termination of the session and full payment will be required by me.

I agree that all services rendered me are charged directly to me and I am responsible for payment. I agree to pay for all scheduled appointments that I am unable to keep unless I notify aSPAthecary, LLC at least 24 hours in advance.

Signature of Client **Date**