

Date of Birth (MMDDYY) \_\_\_\_\_ Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  Mobile  Home  Work

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_ How long \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

Referred by \_\_\_\_\_

How would you rate the present state of your health?  Excellent  Good  Fair  Poor

Do you have any of the following:  Athlete's foot  Nail fungus  Plantar warts  Oil sensitivity \_\_\_\_\_

Are you currently under a doctor's care and/or have a medical condition?  Yes  No If so, please explain \_\_\_\_\_

Are you taking any medications?  Yes  No If so, please list \_\_\_\_\_

Are you pregnant?  Yes  No If so, how far along? \_\_\_\_\_

List other therapies besides conventional medicine in which you are currently participating \_\_\_\_\_

List previous major illnesses, accidents, surgeries, or broken bones \_\_\_\_\_

Are you experiencing any problems with your hands or feet?  Yes  No If so, please explain \_\_\_\_\_

Have you ever had a reflexology session before?  Yes  No

Why are you choosing reflexology today? \_\_\_\_\_

Because a reflexologist should be aware of existing physical conditions, I have stated all my known medical conditions and take it upon myself to keep the reflexologist updated on my physical health. My signature gives consent for the session and acknowledges that reflexology is not a substitute for medical examination or treatment. It is recommended that I see a physician for any physical ailment that I might have.

I understand that the reflexologist does not diagnose, prescribe, treat, nor cure any illness, disease, or other physical or mental disorder. Likewise the reflexologist does not prescribe medical treatment or pharmaceuticals, nor do they perform spinal adjustments. Staff may contact me via mail, email, text, and/or phone.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date