



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 _____