

**Health Questionnaire part I**

Name:

Address:

Mobile:

Email address:

Date of Birth:

Who do you live with?

Children:

Occupation:

Have you had reflexology before?

Are you currently receiving any other alternative treatments?

How did you hear about the BiG TOE?

**Fertility Journey**

Fertility clinic and consultant (if applicable):

Number of years trying to conceive:

Previous fertility treatments: IVF Y/N IUI Y/N ICSI Y/N

**Male Fertility**

Semen analysis Y/N

If yes: Date of analysis:

Count (in millions)

Percentage normally formed sperm:

Percentage motile sperm:

Any further information about present/past fertility issues?

**General Medical History**

Any problems at birth?

Any previous Infections?

Any previous operations?

Have you been hospitalized?

Any past injuries?

Current medication if any?

Have you had experience of:

*Diabetes: Y/N Epilepsy: Y/N Hypertension: Y/N Asthma: Y/N Eczema: Y/N*

*Thyroid: Y/N Heart problems: Y/N DVT: Y/N Allergies: Y/N Other:*

Additional Information relating to above if needed:

**General Health**

Blood pressure:

Daily Intakes of:

*Tobacco: Alcohol: Coffee/tea: Water:*

General diet:

How would you rate your current state of health: *Excellent Good Fair Poor*

How do you exercise?

How well do you sleep?

How do you relax?

Is there anything else you would like me to know?

**Health Questionnaire part II**

Reflexology is an extremely safe healing therapy however there are a few contraindications or times when reflexology may not be right for you. These contraindications include:

Foot fractures, unhealed wounds, or active gout in the foot. Clients with osteoarthritis that impacts the foot or ankle, or those with vascular disease of the legs or feet should not receive reflexology.

Clients who report current thrombosis or embolism (which is an obstruction of the pulmonary artery or a branch of it by a free-floating blood clot or embolus) should not receive reflexology.

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If you are using other touch therapies, such as [massage](http://www.takingcharge.csh.umn.edu/explore-healing-practices/massage-therapy), please allow at least 48 hours between touch therapy sessions to avoid an overload on your system.

Thank you for providing this information. Please be reassured that it will be treated with the greatest confidence and will only be used in helping you to achieve your goal of conception and parenthood.

Please email this to [Kathryn@thebigtoe.co.uk](mailto:Kathryn@thebigtoe.co.uk) before our session

**To be signed at the session:**

*I have answered the questions and agree they are a true record in* ***part I****. I understand what is written in* ***part II*** *and have not withheld any information, which might affect the course of my treatment.*

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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