

**Health Questionnaire part I**

Name:

Address:

Mobile:

Email address:

Date of Birth:

Who do you live with:

Children:

Occupation:

Emergency name and contact number:

Have you had reflexology before?

Are you currently receiving any other alternative treatments?

How did you hear about the BiG TOE?

**Presenting Conditions**

Type of cancer and location:

When was the original onset?

Has your medical team been notified you’d like to have reflexology?

Current/Recent Treatment:

**Chemotherapy** date of last session: Date of next session:

*At the beginning of each cycle, the body goes through a downward progression until it reaches a low point (or nadir) this is usually mid-cycle. This is when the patient feels most ill and also might have really low blood cell counts and immunity. It is advised not to have reflexology during this time as the reflexology could make them feel worse. Reflexology should take place towards the end of the cycle as the body is gaining strength again.*

Please confirm you are happy to have the reflexology on the date planned:

**Radiotherapy:** Date of last session: Date of next session:

**Surgery:**

**Hormone Therapy** (please give details)

**Other treatments** (Please give details)

Have you had your lymph nodes removed, examined or radiated?

Is there any additional information I need?

**Medical History**

Any problems at birth?

Any previous Infections?

Any previous operations?

Have you been hospitalized?

Any past injuries?

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: Drugs:*

General diet:

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. 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_