

Rest for Your Soles Reflexology, LLC

2020 N. Academy Blvd.
Suite #385
Colorado Springs, CO 80909
719-220-2205

Name: _____ Primary Phone: _____

Email Address: _____ Date of Birth (month/day): _____

Referred by (optional) _____ Emergency Contact Number: _____

Check box if you'd like to sign up for the newsletter and info via email

REASON FOR THIS VISIT:

Have you had reflexology, massage or bodywork therapy before? Yes ____ NO ____

Kind of therapy previously received: _____

CIRCLE ANY PROBLEMS YOU HAVE HAD OR ARE CURRENTLY HAVING:

High or Low Blood Pressure	Plantar Fasciitis/fasciosis	Varicose Vein	Heart Disease
Tumors	Epilepsy/Seizures	Joint/Bone problems	Head Injury
Back Injury	Neck Injury	Auto Accident	Carpal Tunnel Syndrome
Thoracic Outlet Syndrome	Fibromyalgia	Sciatica	Blood clots/phlebitis/thrombosis

Please list any other problems you would like to share:

This section should only be completed on a voluntary basis and is not mandatory.
Any information you provide will be held confidential:

BECAUSE BODYWORK THERAPY CAN EVOKE EMOTIONAL RESPONSES, PLEASE LIST ANY OF THE FOLLOWING THAT YOU HAVE HAD OR ARE CURRENTLY HAVING

___Depression ___Manic Episodes ___Insomnia ___Eating Problems ___PTSD

___Chronic Fatigue ___Other difficulties, please list: _____

Please list any prescribed medications or over the counter drugs you are currently taking:

If female, are you pregnant, suspect you may be pregnant, or attempting to become pregnant?
If so, how long?

Please list any major or recent surgeries you have had, including dates:

What are your goals in seeking therapy (optional)?

Do you have any physical problems or anything else you'd like to share that I need to be aware of?

For Your Information:

As a Bodyworker, I am not qualified to make any diagnosis or prescribe any treatments. Bodywork is designed to interface with your psychotherapeutic process, and I request that you inform your psychotherapist and/or physician of any concerns that arise as a result of this bodywork. All recommendations are to be viewed as suggestions.

All sessions are confidential. All sessions are strictly non-sexual in nature.

I agree that I am 100% responsible for my well-being while participating as a Client.

I agree to be 100% responsible for my participation in, and creation of, this therapy.

I agree to take 100% responsibility for my truth, my feelings and needs, and whatever issues arise for me during this therapy.

I understand that I am completely responsible for my own life and actions, and initiate participation in this therapy with this fully in mind.

I am willing to have learning and transformation happen in ways that are totally loving and kind to me and everyone else.

I agree that if there is ever anything that makes me feel uncomfortable, I will talk with you about it as soon as it arises.

After a treatment it is normal to have certain reactions or none at all. These reactions are signs that the body is beginning to respond and the treatment is starting to take effect. The most common reactions include the following: tiredness, tickling sensation, temporary feelings of discomfort, dizziness, nausea, frequent need to urinate, strong smelling urine, aches, shivers, and perspiration. It is advised to stay well hydrated before/after a session and rest 10-15 minutes if any of these symptoms occur. If you are taking medicine, you must not stop taking it without consulting your doctor first.

Therapeutic bodywork is intended to help relieve stress, with resulting beneficial health effects on the muscles and other systems of the body. It can help relieve discomfort and tension and can complement therapies provided by other health care professionals. You will be receiving therapeutic work only; any suggestion of sexual conduct by you will immediately terminate the session, and, should this occur, you will be responsible for payment of the entire therapy session. Should the therapist imply or suggest any sexual conduct, you should terminate the session and report the matter to the Department of Regulatory Agencies (DORA). **ALL APPOINTMENTS REQUIRE 24 HOUR ADVANCE CANCELLATION. A \$45.00 FEE WILL APPLY TO ALL MISSED APPOINTMENTS.**

Signature: _____

Date: _____