

Confidential Client Health History

Name: _____

Address: _____ Postal Code: _____

How Did You Hear About My Services: _____

Home Phone #: _____ Work #: _____ Cell #: _____

Email : _____

Male / Female Birth Date: _____ Age: _____ Height: _____ Weight: _____

of Children _____ Ages of Children: _____

Occupation: _____ Position: _____

Comments / Notes of Caution _____ **Chief Complaint:** _____

_____ **Initial Onset:** _____

_____ **Probable Cause:** _____

_____ Acute / Chronic

Exercise: Heavy / Moderate / Light / None

Water Consumption: Heavy / Moderate / Light / None

Have you ever had reflexology before? YES NO Where? _____

Date of last treatment: _____

Client's Comments: _____

What are your goals and expectations from this session? _____

Who is your Family Doctor? _____

Date of last visit: _____

Client's Comments: _____

1. Have you had any serious falls, accidents or injuries? YES NO

Explain: _____

2. Have you had surgery? YES NO

Explain: _____

3. Have you been in a motor vehicle accident? YES NO

Dates: _____

4. Do you have any sleep problems? YES NO

Cause: _____

5. Is your Blood Pressure: Normal High Low Stable Erratic

6. Have you ever been *treated for?* *If YES, please explain*

any psychological or emotional health issues YES NO _____

thyroid problems YES NO _____

ulcers YES NO _____

heart disease YES NO _____

lung disease YES NO _____

cancer YES NO _____

diabetes YES NO _____

alcoholism / substance abuse YES NO _____

arthritis YES NO _____

fibromyalgia YES NO _____

liver disorder / hepatitis YES NO _____

TMJ YES NO _____

headaches / dizziness YES NO _____ SEE PAGE 4 _____

7. Please circle:

Coffee: How many cups per day None 1 - 3 3 - 5 5 - 10 More

Smoking: How many packs per day None > 1/2 pkg 1/2 pkg full pkg More

Alcohol: How many drinks per week None 1 - 3 3 - 5 5 - 10 More

Current Medications (Over the Counter & Prescription)

Medication: _____ For what condition: _____

How many times per day: _____ Date started: _____

Medication: _____ For what condition: _____

How many times per day: _____ Date started: _____

Medication: _____ For what condition: _____

How many times per day: _____ Date started: _____

Musculo-skeletal system

Pain in joints or muscles _____ Limitation of movement _____

Swelling _____ Muscle fatigue _____

Back ache (cervical, thoracic, lumbar, sacrum, coccyx) _____

Other _____

Cardio-vascular system

Palpitations _____

Blood pressure _____ Pain _____

Cramps _____ Dizziness _____

Cold hands and feet _____ Pins & needles _____

Other _____

Integumentary System (Skin)

Rashes _____ Sores _____

Eczema _____ Psoriasis _____

Itching _____ Other _____

Respiratory System

Sinus problems _____ Asthma or Bronchitis _____

Tendency to colds or chest infections _____

Chest pain _____ Cough _____

Breathlessness _____ Other _____

Urinary System

Pain or difficulty on passing water _____

History of infections _____

Blood in urine _____ Incontinence _____

Increased frequency of urination _____ Other _____

Female System

Regularity and length of bleeding _____

Pain _____

Pregnancies and contraception _____ PMS _____

Other _____

Male System

Prostate _____ Other _____

Nervous System

Pattern of sleep _____ Headaches _____

Stress and depression _____

Senses

Eyes _____ Ears _____

Smell _____ Taste _____

Other _____

Digestive (Gastro-intestinal or GI) System

Mouth _____ Swallowing _____

Pain or discomfort anywhere in gastro-intestinal tract (GIT) _____

Indigestion or reflux _____ Bloating or Gas _____

Constipation or diarrhea _____ Bowel movements _____

Nausea or vomiting _____

Other _____

Endocrine System

Glandular Disorders _____ Thyroid _____

Diabetes _____ Depression _____

Over/Under Active Adrenals _____

Stress _____

Other _____

Diet: What do you eat in a typical day?

Breakfast _____ Lunch _____

Supper and all snacks _____

Any other information:

Family Issues _____

Housing _____

This is to acknowledge my wish to consent to receive reflexology, as outlined to me. I understand that I may withdraw consent at anytime and that treatment will then be stopped. Reflexologists **DO NOT** diagnose, prescribe medication for medical or psychological conditions, or treat for specific conditions.

The information contained on this form is true to the best of my knowledge.

Signature: _____ Date: _____

PRINT NAME _____



Informed Consent

To the Clients of Reflexology, you need to know that:

1. I am not a doctor.
2. I do not practice medicine
3. I do not diagnose or treat for a specific illness
4. I do not prescribe or adjust medication
5. Reflexology is not a substitute for medical treatment, but is a complement to most types of therapy.

What is Reflexology?

Reflexologists believe the entire body is mirrored on the feet and hands. Foot and hand reflexology is a scientific art based on the premise that there are zones and reflex areas in the feet, and hands, which correspond to all body parts. The physical act of applying specific pressures using thumb, finger, and hand techniques, results in stress reduction, which causes physiological changes in the body. A primary benefit of reflexology is relaxation. Relaxation through reflexology may help the body to balance any kind of stress it is experiencing.

What does Reflexology do?

1. Reflexology promotes balance and normalization of the body naturally.
2. Reflexology reduces stress and brings about relaxation; and
3. Reflexology stimulates circulation and the delivery of oxygen and nutrients to the cells.

Contract For Services

By signing this form, I give my consent to a Reflexology session. I understand I may discontinue a session or sessions at any time. I further understand that I must disclose at this time if I am a government official or representing any news media. If I have been diagnosed by a licensed health professional as having any disease, injury or other physical or mental condition, I understand that reflexology sessions are not a substitute for any treatment or therapy previously ordered, prescribed, or recommended by that health professional.

Signature: _____ Date: _____

Print Name: _____

REFLEXOLOGY IS NOT A SUBSTITUTE FOR MEDICAL CARE.