



Client Intake Form – Reflexology

Personal Information:

Name _____ Primary Phone _____

Address _____

City/State/Zip _____

Email _____ Date of Birth _____ Occupation _____

Emergency Contact _____ Phone _____

The following information will be used to help plan safe and effective Reflexology sessions.
Please answer questions to the best of your knowledge.

1. How would you rate the current state of your health: Excellent Good Fair Poor
2. Are you currently under a doctor's care? If so, explain: _____

3. For women, are you pregnant? Yes/No If yes, how far along? _____
4. List other therapies besides conventional medicine or chiropractics in which you are currently participating: _____
5. Are you taking any medication? If so, what? _____

6. List previous major illnesses, accidents, surgeries or broken bones: _____

7. Are you experiencing any problems with your feet? If so, explain: _____

8. Where is tension most evident in your body? _____
9. Have you experienced reflexology before? If so, when? _____
10. Do you have any specific goals for our session? _____

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?

Reflexology is an ancient, manual technique based upon the concept that the entire body is reflected asa system of reflexes on the feet (hands and ears as well). By pressing on these reflexes with fingers, one is able to bring about relaxation and balance in the body, and also assist in overall detoxification andstress reduction.

What does Reflexology do?

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

By signing this form, I give my consent to a Reflexology session. I understand that I may discontinue a session or sessions at any time. If I have been diagnosed by a licensed health professional as having any disease, injury or other physical or mental condition, I understand that I should inform the person who made the diagnosis, about the session I will be receiving, and whether or not I intend to discontinue any treatment or therapy which had been previously ordered, prescribed or recommended by a licensedhealth professional. I understand that by discontinuing any such treatment or therapy, I assume responsibility for any negative outcome resulting from discontinuing that treatment or therapy.

Signature _____ Date _____

Print Name _____

REFLEXOLOGY IS NOT A SUBSTITUTE FOR MEDICAL CARE. IF YOU ARE EXPERIENCING ANY SPECIFIC MEDICAL PROBLEM(S) AND HAVE NOT SEEN YOUR MEDICAL DOCTOR, I RECOMMEND THAT YOU DO SO TODAY.

Circle any specific areas in which you have pain, tightness or discomfort.

