



Confidential Client information

Name: _____

Mobile Phone: _____

Home phone: _____

Address: _____ City: _____

Occupation: _____

Date of Birth: _____

E-Mail Address: _____

The following information will be used to help plan safe and effective Massage / 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. For women, are you pregnant? Yes/No If yes, What week/month? _____

3 Please list any medication you are taking and why?

4, List previous major illnesses, accidents, surgeries or broken bones:

5 ,Do you have any ongoing health problems you receive treatment for?

6 Are you experiencing any problems with your feet? If so, explain:

7 Do you have high or low blood pressure?

8 . Where is tension most evident in your body?

9 Have you experienced Massage or reflexology before? If so, when?

10. Please rate your stress level on this scale of 1(low)-10(high): _____

Please take a moment to read the following information carefully.

I understand the Massage / Reflexology I receive is provided for the basic purpose of relaxation and relief of tension and stress.If I feel pain or discomfort during the session,I will immediately notify my therapist,I affirm that I have told the therapist all of my medical conditions and answered all questions honestly.

A primary benefit of reflexology is relaxation. Relaxation through reflexology helps the body return to a state of balance, or homeostasis, and thus function more efficiently!
Reflexology promotes balance, reduces stress, and improves circulation which improves the delivery of nutrients and oxygen to the cells of the body. I dont diagnose or treat specific illnesses ,and dont prescribe or adjust medications. Reflexology is not a substitute for medical treatment, but may complement most types of treatment.

Signature: _____

Date: _____