



**CONFIDENTIAL CLIENT HISTORY FORM**

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: \_\_\_\_\_

**Comments/Notes of Caution**                      **Chief Complaint:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Initial Onset:** \_\_\_\_\_

\_\_\_\_\_ **Probable Cause:** \_\_\_\_\_

**Exercise:**        Heavy/ Moderate/ Light/ None

**Water Consumption:** Heavy/ Moderate/ Light/ None

**Have You Ever Had Reflexology Before?** Yes/No Where? \_\_\_\_\_

Date of last treatment: \_\_\_\_\_

What are your expectations from this session? \_\_\_\_\_

\_\_\_\_\_

**Family Doctor:** \_\_\_\_\_ **Date of last visit:** \_\_\_\_\_

1. Have you ever had any serious falls, accidents or injuries? Yes/No Explain: \_\_\_\_\_

\_\_\_\_\_

2. Have you had surgery? Yes/No Explain: \_\_\_\_\_

\_\_\_\_\_

3. Have you ever been in a motor vehicle accident? Yes/No Explain: \_\_\_\_\_

\_\_\_\_\_



How many times per day: \_\_\_\_\_ Date started: \_\_\_\_\_

**Musculo-skeletal System:**

Pain in joints or muscles: \_\_\_\_\_ Limitation of movement: \_\_\_\_\_

Swelling: \_\_\_\_\_ Muscle fatigue: \_\_\_\_\_

Back and neck pain: \_\_\_\_\_

Other: \_\_\_\_\_

**Cardio-vascular System:**

Palpitations: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Cramping/Pain: \_\_\_\_\_ Dizziness: \_\_\_\_\_

Cold hands and feet: \_\_\_\_\_ Pins and needles: \_\_\_\_\_

Other: \_\_\_\_\_

**Integumentary System (skin):**

Rashes/Eczema: \_\_\_\_\_ Sores: \_\_\_\_\_

Psoriasis: \_\_\_\_\_ Itching: \_\_\_\_\_

Other: \_\_\_\_\_

**Respiratory System:**

Sinus problems: \_\_\_\_\_ Asthma/Bronchitis: \_\_\_\_\_

Frequent colds or chest infections: \_\_\_\_\_ Cough: \_\_\_\_\_

Shortness of breath: \_\_\_\_\_ Other: \_\_\_\_\_

**Urinary System:**

Pain or difficulty upon urination: \_\_\_\_\_ History of infections: \_\_\_\_\_

Blood in urine: \_\_\_\_\_ Incontinence: \_\_\_\_\_

Increased frequency of urination: \_\_\_\_\_ Other: \_\_\_\_\_

**Female System:**

Regularity and length of bleeding: \_\_\_\_\_ Menopause: \_\_\_\_\_

Pain: \_\_\_\_\_ Pregnancies: \_\_\_\_\_ PMS: \_\_\_\_\_

**Male System:** Prostate: \_\_\_\_\_ Other: \_\_\_\_\_

**Nervous System:**

Pattern of sleep: \_\_\_\_\_ Headaches: \_\_\_\_\_

Stress and depression: \_\_\_\_\_

**Senses:**

Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Smell \_\_\_\_\_

Taste \_\_\_\_\_ Other \_\_\_\_\_

**Digestive System:**

Mouth: \_\_\_\_\_ Swallowing: \_\_\_\_\_

Pain or discomfort anywhere in the GI tract? \_\_\_\_\_

Indigestion or reflux: \_\_\_\_\_ Bloating or gas: \_\_\_\_\_

Constipation or diarrhea: \_\_\_\_\_ Bowel movements: \_\_\_\_\_

Nausea or vomiting: \_\_\_\_\_ Other: \_\_\_\_\_

**Endocrine System:**

Glandular disorders: \_\_\_\_\_ Thyroid: \_\_\_\_\_

Diabetes: \_\_\_\_\_ Over/under-active Adrenals: \_\_\_\_\_

**Diet:**

What do you eat in a typical day?

Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_

Supper: \_\_\_\_\_ Snacks: \_\_\_\_\_

**Additional Information:** Family health issues: \_\_\_\_\_

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 confidential form is true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

## Informed Consent Form

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 hand. 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 act of applying pressure (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. Promotes balance and normalization of the body, naturally
2. Reduces stress and brings about relaxation; and
3. 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 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: \_\_\_\_\_