

Client Intake Form - Integrated 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 your current state of your health: Excellent Good Fair Poor
2. Are you currently under a doctor's care? If so, explain _____
3. For woman, are you pregnant? Yes/ No If yes, how far along? _____
4. List other therapies besides conventional medicine or chiropractic 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

"Reflexology is the study, science, and art of using specific touch techniques on reflex maps, resembling a shape of the human body, that are believed to exist on the feet, hands, and outer ears".

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.

Benefits of Reflexology:

- Reduces blockages around the nerve endings which soothes nerves and helps:
- Relaxation (muscles relax)
- Increased oxygen and nutrient supply which is taken to every cell
- Pain reduction and elimination
- Improved Circulation
- Detoxification
- Helping the chemical functions of the body, in theory, to work better (cells, organs, glands)
- Increased sense of well-being, vitality, quality of life (energy, sleep)
- Prevention increases with the reduction of accumulated tension and stress

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 conditions, 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 licensed health 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.

Print Name _____

Signature _____

Date _____

Body Pain Chart

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.

Do you have any of the following? If so, please check:

asthma	arteriosclerosis	musculoskeletal problems
diabetes	arthritis	pregnancy
varicose veins	stomach ulcers	headache
epilepsy	dizziness	hernia
skin trouble	pins/ pacemaker	cancer
high blood pressure	bruising tendency	depression
heart disease	hemophilia	phlebitis
low blood pressure		

Shade or circle the areas where you are experiencing pain, aching, burning or tension on the diagram below.

