

Reflexology Client Intake Form

Name _____ Date _____

Profession _____

D.O.B _____

Address _____

Post code _____

Email _____

Phone number _____

Emergency contact name and number _____

Any current medications _____

Any recent surgeries _____

Are you currently under the care of a GP? Yes No

If yes please give name and phone number _____

Have you had Reflexology before if so when was this roughly? Yes No

Do you have any particular reason for treatment today? _____

Contraindications

Is there any condition you may have that you think I may need to know about today?

Any muscular or skeletal problems: Back, aches/pain, stiff joints, headaches?

Digestive problems: Constipation, Bloating, liver/gall bladder, stomach?

Circulation problems: Heart, Blood pressure, Fluid retention, Tired legs, varicose veins, kidney, cold hands or feet?

Gynaecological: irregular periods, PMT, menopause, H.R.T, Pill, coil, other....

Nervous system: Migraine, tension, stress, depression, anxiety.

Immune system: Prone to infections, sore throat, colds, chest sinuses.

Do you suffer from: Allergies, Dermatitis, Acne, Eczema, Psoriasis, Asthma, Hay fever, Skin cancer?

Any herbal remedies taken? _____

Sleep patterns: Good, Poor, Moderate. Hours per night? _____

Ability to relax: Good, Poor, moderate _____

How much water do you drink? _____

Do you smoke? Yes No

Do you Drink? Yes No

Do you exercise if so how often and what type? _____

Do you eat a balanced diet? _____

Stress levels 1 - 10 _____

Do you consent for me to contact you with relevant information, offers and events in the future?

Yes No

I understand that reflexology is a holistic therapy that is a means to help rebalance the body and promote wellbeing and relaxation. Reflexology cannot diagnose medical issues/diseases/disorders nor shall the therapist give any medical advice.

Client signature _____ Date _____