

Take Ten Reflexology

Name (please print): _____ Date of Birth: _____

Address: _____

Phone: (home) _____ (cell) _____

Occupation: _____ E-Mail (address is not shared): _____

May I send information including discount coupons to you via e-mail? Yes / No

1. How would you rate the present 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? If yes, how far along? _____

4. Are you taking any medications? If so, what? _____

5. List previous major illnesses, accidents, surgeries and dates: _____

6. Do you have any allergies? If so, explain: _____

7. Are you experiencing any foot/hand problems? If so, what? _____

8. Where is tension most evident in your body? (e.g. neck, shoulders, stomach) _____

9. Have you had a reflexology session before? If so, when? _____

10. What are your expectations from the session? _____

11. How did you hear about me? _____

To the Clients of Reflexology, you need to know that: I am not a doctor. Reflexology is not a substitute for medical treatment, but is a complement to most types of therapy.

Waiver

By signing this form, I give my consent to a Reflexology session. I understand 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 reflexology sessions are not a substitute for any treatment or therapy previously ordered, prescribed, or recommended by that health professional. I am aware that the Reflexologist does not diagnose illness or prescribe medications or supplements. The treatments given by Take Ten Reflexology are intended to enhance relaxation and help produce an overall sense of well-being.

Client Signature: _____ Date: _____

For office use only:

Reflexologist Signature: _____ Date of Intake: _____