

Reflexology Questionnaire

Name: _____ Gender: Male: _____ Female: _____
Telephone #: Cell _____ Home _____ Work _____
Address: _____
Email: _____
Birth Date: _____ Occupation: _____
Referred by: _____

Hobbies/Physical Activities: _____

Are you currently taking any medications? Yes No
If yes, please list _____
For what condition _____
List any allergies _____

Have you had any surgeries? Yes No
If yes, please describe _____

Are you currently being treated for any conditions by a physician? Yes No
If yes, please describe _____

Are you receiving any care by a holistic health care provider (acupuncture, chiropractor, body work...)? Yes No
If yes, please describe _____

Have you ever received hand and/or foot reflexology? Yes No
If yes, please describe _____
How long was session _____
Any reactions _____

Women: Are you pregnant? Yes No If yes, what trimester _____
Are you having any problems I should know about? _____

Do I have permission to contact you 48 hours after your treatment? Yes No

The client understands that the practitioner is a licensed massage therapist, not a medical doctor or healthcare provider. The therapist will not provide medical treatment to diagnosis, perform spinal or joint manipulations. The therapist and the facility are not responsible for any injury arising because of some unreported condition and/or concern. The client acknowledges being given the opportunity to ask questions before receiving any work and to question or interrupt the work at any time the session has begun. Any sexual harassment or innuendoes will be cause for immediate termination of the massage. The client acknowledges having read and understood this document.

Signature: _____ Date: _____