



CLIENT CONSENT FORM

TO THE CLIENTS OF REFLEXOLOGY

YOU NEED TO KNOW THAT:

I am not a Doctor.

I do not practice medicine.

I do not adjust or prescribe medication.

I do not diagnose or treat for specific illness.

WHAT IS REFLEXOLOGY?

Reflexologists believe the entire body is represented on the feet through a system of reflexes. Reflexology is the application of pressure to these reflex areas. Discomfort at a particular place may indicate stress at a reflex point. Relaxation is a primary benefit of Reflexology. Relaxation through Reflexology may help the body to balance any kind of stress it is experiencing.

WHAT DOES REFLEXOLOGY DO?

Reflexology promotes balance and normalization of the body naturally.

Reflexology reduces stress and brings about relaxation.

Reflexology improves circulation and the delivery of oxygen and nutrients to the cells.

By signing this form, I give my consent to a Reflexology session. I understand I may discontinue 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 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 has been previously ordered 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.

Signature _____ Date _____

Print Name _____

REFLEXOLOGY IS NOT A SUBSTITUTE FOR A MEDICAL CARE. IF YOU ARE EXPERIENCING ANY SPECIFIC MEDICAL PROBLEM AND HAVE NOT SEEN YOUR MEDICAL DOCTOR, I RECOMMEND YOU DO SO.



CLIENT HISTORY

NAME: _____ DATE: _____

ADDRESS: _____ CITY/TOWN: _____ ZIP: _____

PHONE: (H) _____ (W) _____

EMAIL: _____

OCCUPATION: _____

DATE OF BIRTH: _____ AGE: _____

Please list your major health concern at this time: _____

How long has this been a concern: _____

Are you currently under a doctor's supervision for this or any other health concern? Y N

If so, please list concern and any medications or therapies you are participating in:

Circle any problems or conditions you have experienced in the past 12 months:

Acne	Cold hands/feet	Gallstones	Laryngitis	Pneumonia
Allergies	Cold	Gastric ulcer	Loss of hearing	Prostrate problems
Angina	Constipation	Heartburn	Mood Swings	Sciatic (leg) pain
Anxiety	Depression	Hives	Mouth ulcers	Sinus congestion
Asthma	Diarrhea	Incontinence	Muscle fatigue	Sore Throat
Athlete's foot	Dizziness	Indigestion	Muscle soreness	Swollen extremities
Back pain	Duodenal ulcer	Insomnia	Nausea	Swollen glands
Bronchitis	Fatigue	Joint pain	Numbness	Tightness in chest
Bruising	Flu	Joint stiffness	OB/GYN problems	TMJ
Change of appetite	Fluid retention	Kidney stones	Pain	Urinary problems

How would you describe the present condition of your health? Excellent Good Fair Poor

List previous surgeries, illness, accidents or broken bones:

Have you ever had a reflexology session before? Y N

When, where, how often? _____

Where is tension most evident in your body? (i.e. neck, shoulder, stomach): _____