

Name _____
 Birthday ____/____/____



Initial Reflexology Intake Form

Today's Date ____/____/____

Medical Information	Reflexology Information
Have you ever had an organ removal? (hysterectomy, appendix, tonsils, gallbladder, etc.) _____ _____ Have you ever broken a bone? _____ _____ Have you ever had chemotherapy/radiation? If so, list dates _____ _____ _____	Have you ever had reflexology before? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, were your goals for the session met? <input type="checkbox"/> Yes <input type="checkbox"/> No What type of reflexology session are you seeking today? <input type="checkbox"/> Relaxation <input type="checkbox"/> Therapeutic What are your goals for today's session? _____ _____
Please indicate any of the following that may apply to you <input type="checkbox"/> Bipolar <input type="checkbox"/> Depression <input type="checkbox"/> Fatigue <input type="checkbox"/> Stress <input type="checkbox"/> Eye/Ear Issues <input type="checkbox"/> Stroke <input type="checkbox"/> Moodiness <input type="checkbox"/> Acne <input type="checkbox"/> Common Cold <input type="checkbox"/> Sinusitis <input type="checkbox"/> Shortness of Breath <input type="checkbox"/> Bronchitis <input type="checkbox"/> Heart Problems <input type="checkbox"/> Kidney Stones <input type="checkbox"/> Bladder Infections <input type="checkbox"/> PMS <input type="checkbox"/> Menstrual Cramps <input type="checkbox"/> Painful Urination <input type="checkbox"/> Constipation <input type="checkbox"/> Diarrhea <input type="checkbox"/> Colitis <input type="checkbox"/> Gas <input type="checkbox"/> Sciatica <input type="checkbox"/> Bursitis <input type="checkbox"/> Plantar Fasciitis	Are you having any issues with your feet? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please explain _____ _____ Where is tension most evident in your body? _____ _____ Do you suffer from any chronic pain? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____ _____ What makes it better? _____ _____ What makes it worse? _____ _____

I understand and acknowledge that reflexology has natural health responses including but not limited to increased energy, change in blood sugar, memories or surfacing emotions, dehydration, diarrhea, resurfacing cold sores. I understand reflexology is for relaxation, stress reductions, and relief of physical and mental tension. I realize a reflexologist is not a physician and will not diagnose, prescribe, or claim to treat any specific illness; and nothing said during a reflexology session should be construed as such. I affirm I have stated all my known medical conditions and information and agree to keep the reflexologist and Jalan Facial Spa updated if any of the above information changes at any time. I agree to the Practice Policies and Client Informed Consent Jalan Facial Spa has put in place.

Client Signature _____