



Reflexology - Client Intake Form

Date: _____

Client Name: _____

Address: _____

Phone: _____ Email: _____

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Occupation: _____ Date of Birth: _____

Emergency Contact Name: _____ Contact Number: _____

The following information is used to help plan a safe and effective Reflexology session. Please answer questions to the best of your knowledge.

1. How would you rate the current state of your health: Excellent Good Fair Poor

2. Are you currently under a doctor's care? Y/N If so, explain _____

3. For women, are you pregnant? Y/N If yes, how far along? _____

4. List other therapies besides conventional medicine or chiropractic that you currently use: _____

5. Are you taking any medications? Y/N If so, what? _____

6. List previous major illnesses, accidents, surgeries or broken bones, especially in your legs and/or feet:

7. Do you have athlete's foot or any other communicable condition on your feet? Y/N If so, explain:

8. Do you have broken skin, rashes, wounds or other condition on your lower legs and/or feet? Y/N If so, explain:



9. Do you have any vascular or nerve/muscle/tendon issues with your lower legs and/or feet (varicose veins, peripheral neuropathy, etc.)? Y/N If so, explain:

10. Where is tension most evident in your body? _____

11. Have you experienced reflexology before? Y/N If so, when? _____

12. What are your specific goals for our session? _____

13: Who (or what) referred you to me? _____

You Need to Know That:

1. I am not a doctor.
2. I do not practice medicine.
3. I do not diagnose or treat for a specific illness.
4. I do not prescribe or adjust medication.
5. Reflexology is not a substitute for medical treatment, but is a complement to most types of therapy.

What is Reflexology? Reflexology is an ancient, manual technique based upon the concept that the entire body is reflected as a system of reflexes on the feet (hands and ears as well). By pressing on these reflexes with fingers, one is able to bring about relaxation and balance in the body, and also assist in overall stress reduction and enhancement of well-being.

What does Reflexology do?

Studies show that:

1. Reflexology promotes balance and normalization of the body naturally.
2. Reflexology reduces stress and brings about relaxation.
3. Reflexology stimulates circulation and the delivery of oxygen and nutrients to the cells.

By signing this form, I certify that the above information is correct to the best of my knowledge. I give my consent to a Reflexology session. I understand that I may discontinue a session or sessions at any time for any reason, and if I feel at all uncomfortable I should tell my practitioner.

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 that diagnosis about the reflexology session I am receiving. If I have any communicable condition or condition that may contaminate the therapy area, I may be refused service until such time as that condition is certified as cleared.



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I understand that this reflexology session should not be construed as a substitute for medical treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment. I fully understand that the therapist conducting this session is not an allopathic doctor, psychologist, or psychiatrist and does not portray himself/herself to be. I agree to keep the practitioner updated as to any changes in my medical profile prior to any future sessions and understand that there shall be no liability on the therapist's part nor on the part of Three D Wellness or its affiliates should I fail to do so.

I understand that I will be liable for payment of the scheduled appointment. The therapist also reserves the right to refuse service to anyone for any reason.

By signing below, I acknowledge that I have read and understand all parts of this consent/intake for and that I have had the opportunity to ask any questions with regard to any services or therapies offered.

All client information is confidential.

Print Name: _____

Signature: _____ Date: _____

Therapist Initials: _____