SOLEHEALING
reflexology

CLIENT INFORMATION

Today's Date _____

Name _____ Sex : ☐ Male ☐ Female

Address _____

City _____ State _____ Zip_____

Phone # _____ Email Address _____

Occupation _____ Date of Birth _____

In Case of Emergency, Please Notify:

Name _____ Relationship _____

Phone # _____ Email Address _____

For women, are you pregnant? ☐ Yes ☐ No If yes, how far along? _____

Have you ever had Reflexology before? ☐ Yes ☐ No If yes, when? _____

How would you rate the present state of your health? *(Check one)* ☐ Good ☐ Fair ☐ Poor

Are you currently under a doctor's care? ☐ Yes ☐ No If yes, please explain: _____

_____

Do you have any other current medical conditions? _____

_____

What symptoms are you experiencing? _____

_____

Are you taking any medications? ☐ Yes ☐ No If so, what? _____

_____

List previous major illnesses, accidents, surgeries or broken bones: _____

_____

What benefits do you hope to attain from Reflexology? *(Check all that apply)*

☐ Reduce pain ☐ Lower anxiety ☐ Aid digestion/elimination

☐ Revitalize energy ☐ Lower blood pressure ☐ Improve sleep/quality of rest

☐ Increase circulation ☐ Normalize body functions ☐ Support physical performance

☐ Improve overall health ☐ Prepare for surgery ☐ Strengthen immune system

☐ Cancer care ☐ Other _____

_____

On a scale of 1-10, rate your level of: _____ Stress _____ Pain _____ Energy

Where is tension most evident in your body? _____

Are you experiencing any problems with your feet? ☐ Yes ☐ No If yes, please explain: _____

_____

Are you sensitive to touch? ☐ Yes ☐ No Preferred level of pressure: ☐ Light ☐ Med ☐ Firm

Are you allergic or sensitive to any oils (essential oils, scents)? List: _____

Do you have any questions about the session to be performed today? ☐ Yes ☐ No

How did you hear about Sole Healing Reflexology? _____

The above information is true to the best of my knowledge. I have stated all my known medical conditions and take it upon myself to keep the Reflexologist updated on my physical health.

_____ _____

Client Signature Date

Office Notes: