



## Reflexology Client History

Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

1. How would you rate your present state of health?    Excellent    Good    Fair    Poor

2. Are you currently under a doctor's care? If so explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Are you pregnant?    Yes    No    If so how long? \_\_\_\_\_

4. List other therapies besides convention medicine that you are participating in:  
\_\_\_\_\_  
\_\_\_\_\_

5. Are you taking any medications? If so what? \_\_\_\_\_  
\_\_\_\_\_

6. List previous major illnesses, accidents, surgeries, or broken bones: \_\_\_\_\_  
\_\_\_\_\_

7. Are you experiencing any problems with your feet?    Yes    No

Explain if yes: \_\_\_\_\_

8. Where do you hold tension in your body? (neck, shoulders, back, stomach)  
\_\_\_\_\_  
\_\_\_\_\_

9. Why are you trying reflexology? \_\_\_\_\_  
\_\_\_\_\_





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10. Have you ever had a reflexology session before? If yes, when, where and how often?

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11. How did you hear about me? \_\_\_\_\_

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You need to know that I am not a doctor. I do not practice medicine. I do not prescribe or treat for a specific illness. I do not prescribe or adjust medication. Reflexology is not a substitute for medical treatment but a complement to most therapies. Reflexology believes that the entire body is mirrored on the hands, feet, and ears. By working these areas with certain thumb and finger techniques, the energy pathways in the body can unblock allowing circulation and movement which in turn will aid the body in restoration. Reflexology promotes balance and normalization of the body naturally. It reduces stress and brings about relaxation. It stimulates circulation and the delivery of oxygen and nutrients to the cells. By signing this form I give consent to a reflexology session. I understand that I may discontinue a session at any time. I understand that if I am under a doctor's care for a specific condition that I should make them aware of the sessions I will be receiving. I assume responsibility if I discontinue any prescribes treatment by a licensed health professional.

Name \_\_\_\_\_ Date \_\_\_\_\_

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

