

REFLEXOLOGY CLIENT - CONFIDENTIAL INFORMATION

Please print name _____

Address _____

Phone # _____ Age _____

Email Address _____

What is the present condition of your health on a scale from 1 to 10?

10 being the best: _____

When did you last visit your doctor? For what?

Are you presently participating in any other therapies besides conventional medicine or chiropractic? _____

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

Medications: _____

Pregnant? _____ High Blood Pressure? _____ Diabetes? _____

Is there tension present in your body? Where (i.e. neck, stomach, shoulders?)

Have you ever had a reflexology session before? If yes, how often?

How did you find out about me? newspaper ad, health fair, catalog, other?
