

health intake form

NAME

SESSION DATE

AGE

SEX

1. What is your assessment of your present condition of health?

Excellent

Good

Fair

Poor

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

3. For women, are you pregnant?

Yes

No

4. List other therapies besides conventional medicine that you are currently participating in.

5. Are you taking any medications? If so, what?

6. List previous major illnesses, accidents, surgeries or broken bones (in the last 5 years).

7. Are you experiencing any problems with your feet?

Yes

No

If yes, what kind?

8. Do you have any difficulties with digestion or elimination?

Yes

No

If yes, please explain.

9. Do you have any difficulties with sleep?

Yes

No

If yes, please give specifics.

10. Where is tension most evident in your body?

(examples: neck, shoulders, feet, stomach, upper or lower back, left side, right side, etc.)

11. Why are you trying reflexology?

12. Have you ever had a reflexology session before?

Yes

No

If yes, when, where, and how often?

13. How did you find out about me? Please pass on the name if you were referred.

14. Do you have Diabetes?

Yes

No

15. Do you have a history of blood clots?

Yes

No

16. Please share about your present goals or desires.

(may include your health or other aspects of your wellbeing including work, vocation, creative pursuits, travel, professional and personal relationships)

Note: The creative partnership of mind and body is increasingly recognized by professionals. Sharing goals can assist in clarifying and enhancing your relationship to them, while reflexology serves as an additional support and resource for interfacing the creative mind energy with the body wisdom.