

Intake Form for Reflexology Practice Hours

Name: _____ DOB/Age: _____

Address: _____ Home phone: _____

City, State, Zip: _____ Work phone: _____

Where did you hear about me? _____ Email address: _____

Is this your first reflexology session? Yes/No What size shoe do you wear? _____

What is your primary goal for today's session? _____

Please list any major illnesses, broken bones, surgeries, hospitalizations and your age when they occurred:

List any conventional or unconventional medications, herbs and therapies you are currently trying: _____

Circle any that apply today: Fever ~ Infection ~ Cold/flu ~ Inflammation ~ Pregnant/trying

Do you have foot problems? Yes / No	Plantar fasciitis Plantar warts Bunion	Neuroma Athlete's foot Other _____	Gout Bone spur
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For concerns below, please mark "A" for current, "C" for chronic and "P" for past:

Heart problems	Ulcerated colon	Menstrual issues	Asthma	Chronic pain
Blood pressure	Constipation	Ovarian issues	Allergies/hay fever	Skin disorders
Embolism	Irritable bowel synd.	Osteoporosis	Sinusitis	Eczema
Diabetes	Sciatica	Arthritis	Respiratory issues	Phlebitis
Kidney ailments	Neck injury	Bursitis/tendonitis	Migraines	Thrombosis
Bladder ailments	Spinal injury	Joint disorders	Headaches	Varicose veins

Primary health care practitioner information: Name: _____ Phone: _____ Reason for last visit: _____	Emergency contact information: Name: _____ Phone: _____
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Other: _____

Please mark "C" next to the current/chronic issues below and "P" next to those you've had in the past:

Heart problems	Drug dependence	Alcohol dependence	Caffeine dependence	History of abuse
Blood pressure	Ulcerated colon	Menstrual issues	Asthma	Skin disorders
Embolism	Constipation	Ovarian issues	Allergies/hay fever	Eczema
Diabetes	Irritable bowel	Osteoporosis	Sinusitis	Phlebitis
Kidney ailments	Sciatica	Arthritis	Respiratory issues	Thrombosis
Bladder ailments	Neck injury	Bursitis/tendonitis	Migraines/headaches	Varicose veins
Chronic pain	Spinal injury	Joint disorders	TMJ	Lumbago

*The above information is accurate and true to the best of my knowledge.
I understand that no diagnosis is implied or offered.*

Signed: _____ Date _____

Foot Measurement

<i>Right</i>	<i>Left</i>
TH _____	TH _____
BH _____	BH _____
W _____	W _____