



Seattle Reflexology & Massage Center

P. O. Box 22
Clinton, Washington 98236
(206) 284-8389
www.seattle-reflexology.com

For Office Use Only:

- DB
- MC

Name: _____ DOB: _____ Age: _____

Address: _____ Preferred phone #: _____

City, State, _____ Zip: _____ Secondary phone #: _____

Where did you hear about us? _____ E-mail address: _____

Preferred mode of communication from/with us: email text (circle # above) call
Please check this box if you do not want to be included in our occasional newsletter distribution

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

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

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

(cont. on back)

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

Please take a moment to consider any emotional traumas that have occurred during your life and reflect upon how they might relate to the onset of your physical symptoms.

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

Do you have foot problems? Yes / No With which foot? Right / Left / Both
Plantar fasciitis Neuroma Bunion Plantar warts
Athlete's foot Bone spur Gout Toenail fungus Other _____

If you are receiving care from another health care practitioner, please answer the following:
Practitioner's name: _____ Phone: _____
Reason: _____

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 no diagnosis is implied or offered. **I AGREE TO GIVE 24 HOURS CANCELLATION NOTICE. I understand that I will be charged the full fee of my appointment if I cancel with less than 24 hours notice and that payment will be required in order to rebook.***

Signed: _____ Date: _____

Foot Measurement
Right Left
TH _____ TH _____
BH _____ BH _____
W _____ W _____