

QUESTIONNAIRE

Please Print:

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____
(Street) (City, State) (Zip)

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ E-MAIL: _____

PHYSICAL HISTORY:

PRESENT AILMENTS: _____

PAST AILMENTS: _____

OPERATIONS/INJURIES: _____

ARE YOU PRESENTLY UNDER DOCTOR'S CARE – EXPLAIN: _____

WHAT MEDICATION(S) ARE YOU PRESENTLY TAKING: _____

ARE YOU RECEIVING ANY THERAPY – EXPLAIN: _____

HAVE YOU EVER RECEIVED REFLEXOLOGY SESSIONS IN THE PAST – IF SO, WITH WHOM: _____

HOW DID YOU LEARN ABOUT US: _____

I realize that a Reflexologist is not a Doctor and cannot prescribe, diagnose or treat for a specific condition. Reflexology relieves tension which in turn helps to improve nerve and blood supply and to normalize the body.

DATE: _____ SIGNATURE: _____