Maryland Reflexology Association

Date_____

Name_____ Date of Birth_____ Age_____

Mailing Address_____

_____

Email_____

Phones_____

1. How would you rate the present state of your health?
   Excellent Good Fair Poor

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

3. For women – are your pregnant? Yes No
If so – how long?_____

4. List other therapies besides conventional medicine that You are participating in_____
_____
_____

5. Are you taking ay medications? If so, what?
_____
_____
_____

6. List previous major illnesses, accidents, surgeries, or broken bones_____
_____
_____

7. Are you experiencing any problems with your feet? Yes No If yes, what kind
_____
_____

8. Where do you hold your tension in your body? (neck, shoulders, back, stomach)
_____
_____

9. Why are you trying reflexology?
_____
_____

10. Have you ever had a reflexology session before? If yes, when, where and how often?
_____
_____

11. How did you hear about me? Please give name of the referral_____

You need to know that I am not a doctor. I do not practice medicine. I do not prescribe or treat for a specific illness. I do not prescribe or adjust medication. Reflexology is not a substitute for medical treatment but a complement to most therapies. Reflexology believes that the entire body is mirrored on the hands, feet and ears. By working these areas with certain thumb and finger techniques, the energy pathways in the body can unblock allowing circulation and movement which in turn will aid the body in restoration. Reflexology promotes balance and the delivery of oxygen and nutrients to the cells. By signing this form I give consent to a reflexology session. I understand that I may discontinue a session at any time. I understand that if I am under a doctor's care for a specific condition that I should ame them aware of the sessions that I will be receiving. I assume responsibility if I discontinue any prescribed treatment by a licensed health professional.

Name_____ Date_____

REFLEXOLOGY IS NOT A SUBSTITUTE FOR MEDICAL CARE. IF YOU ARE EXPERIENCING ANY SPECIFIC MEDICAL PROBLEM AND HAVE NOT SEEN YOUR MEDICAL DOCTOR, I RECOMMEND YOU DO SO.