

Client Intake

Date : _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email : _____

Date of Birth: _____ Age: _____ Sex: M/F

Females: Are you pregnant? _____ If so, how many months _____

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

Do you have any of the following? Please check all that apply

Allergies _____

Insomnia _____

Stress _____

Anxiety _____

Migraines _____

Urinary or Bowel issues _____

Back Pain _____

Plantar fasciitis _____

Chemotherapy _____

PMS _____

Fibromyalgia _____

Sinus Problems _____

High Blood Pressure _____

List current medications _____

Are you having problems with your feet? _____ Explain: _____

Have you ever had reflexology? _____ When? _____ How often _____

What is your goal with reflexology? _____

How did you hear about me?

Referred: _____ by _____

Internet: Website: _____ Facebook: _____ Web search _____ Twitter _____ Youtube _____

Advertisement _____

Other: _____

CANCELLATION POLICY:

I understand that if I am unable to keep a scheduled appointment cancellation must be made 24 hours in advance and the Practitioner reserves the right to charge me for the missed appointment.

I understand that if I am late to an appointment, the appointment may end at the scheduled time and I am responsible for the full price of the appointment. Practitioners will do their best to accommodate late arrivals while respecting the schedules of other clients.

I certify that the above information is complete and accurate to the best of my knowledge

_____ Date: _____

Signature