



# REFLEXOLOGY HEALTH FORM

**Please Print Clearly**

Name: \_\_\_\_\_  
First Middle Initial Last

Address: \_\_\_\_\_  
Street

City State Zip

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_ Gender: M / F Marital Status: M / S

Email: \_\_\_\_\_ Please circle **Yes** or **No**. I would like to sign up for the Cary Massage newsletter to receive informative massage education and discounts on services.

Telephone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Mobile Home Work

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Occupation: \_\_\_\_\_

Today's Date: \_\_\_ / \_\_\_ / \_\_\_\_\_ Referred by: \_\_\_\_\_

General State of Health: \_\_\_\_\_

Are you currently taking medications?  Yes  No

If YES, please list: \_\_\_\_\_

For what condition? \_\_\_\_\_

List any allergies: \_\_\_\_\_

Have you had any surgeries?  Yes  No

If YES, please describe: \_\_\_\_\_

Are you currently being treated for any conditions by a physician?  Yes  No

If YES, please describe: \_\_\_\_\_

Are you receiving care by a holistic health practitioner (acupuncture, chiropractor, bodywork, etc.)?

Yes  No

If YES, please describe: \_\_\_\_\_

Have you ever received foot and/or hand reflexology?  Yes  No

If YES, when? \_\_\_\_\_

For how long? \_\_\_\_\_

Any reactions? \_\_\_\_\_

I do hereby understand that the services offered are not a substitute for medical care, and any information provided by the therapist is for educational purposes only. I understand that the information herein is to aid the therapist in giving better service and is completely confidential.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date