

**TOUCHING SOLES REFLEXOLOGY**  
**CLIENT HISTORY**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Email** (will not be shared): \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Mobile phone:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Shoe size:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**How did you find out about us?** \_\_\_\_\_

*Touchingsoles Reflexology respects your privacy. Your information will be kept confidential.*

1.) What is the present condition of your health? *Excellent Good Fair Poor*

2.) Are you currently under a Doctor's care? Yes No If yes please detail:

3.) For women, are you pregnant? *Yes No* If yes, how many months along? \_\_\_\_\_

4.) List other therapies besides conventional medicine in which you are currently participating:

5.) Are you taking any supplements or medications? Yes No Please list:

6.) List current/previous surgeries, major illnesses, broken bones or accidents:

7.) Do you sleep well at night? *Yes No* If no, describe sleep problem:

8.) Which best describes your eating habits? *Healthy Inconsistent Fast Food Other (describe):*

9.) How is your digestion? *Good Inconsistent Poor*

10.) How are your elimination/bowel movements (circle any that apply)?

*Regular Constipated Diarrhoea Irritable Bowel Other:* \_\_\_\_\_

11.) Do you drink water regularly? *Yes No*

12.) Do you exercise regularly? *Yes No* If yes, what type of exercise and how often?

13.) Where is tension most evident in your body (i.e. neck, shoulders, stomach, etc.)?

14.) Why are you here for Reflexology today?

15.) Have you ever had a Reflexology session before? *Yes No*

16.) Do you have foot problems? *Yes No* If yes, circle those that apply: *Plantar*

*Fasciitis Neuroma Gout Plantar Warts Bunions Athlete's Foot Toenail Fungus Bone*

*Spur Other*

17.) Please mark "**C**" next to the **current** conditions you have that are listed below and "**P**" next to the conditions you have had in the **past**.

Acid Reflux	Constipation	High Blood Pressure	Respiratory Issues
Adrenals Issues	Depression	Joint Disorders	Sciatica
Alcoholism	Diabetes	Kidney Ailments	Sinusitis
Allergies	Drug Dependence	Menopause	Spinal Injury
Anxiety	Eczema	Menstrual Issues	Stress
Arthritis	Fibromyalgia	Migraines	Tendonitis/ Bursitis
Asthma	Gall Stones	Multiple Sclerosis	Thyroid Issues
Bladder Infection	Headaches	Neck Injury	Tobacco Dependency
Candida (yeast)	Hearing Problems	Osteoporosis	Varicose veins
Colon Issues	Heart Problems	Ovarian cysts	Vision Problems

Others Not Listed:

**The above information is accurate and true to the best of my knowledge.  
I understand that no medical diagnosis is implied or offered.**

Full Name:

Date:

Signed:

**To the Clients of Touching soles Reflexology**  
Disclaimer Form

**What is Reflexology?**

Reflexology is a science and art based on the belief that a virtual map of the entire body exists on the bottom of the feet. By applying specific pressures using thumb, finger and hand techniques to stimulate reflex points on the foot, stress is reduced and positive physiological changes occur in the body. The result is relaxation and activation of the body's natural tendency towards healing and balance.

**What does Reflexology do?**

- Reduces stress and brings about relaxation
- Promotes balance and normalization of the body naturally
- Improves circulation and the delivery of oxygen and nutrients to the cells.

© ***If you have any questions about your session today, please ask.***

**You need to know that:**

- I am not a medical doctor
- I am a Fully Qualified and Competent Reflexologist
- I do not practice medicine
- I do not diagnose or prescribe for a specific illness or condition
- I do not prescribe or adjust medication

**REFLEXOLOGY is an alternative healthcare modality which can support your overall wellness program. It is not a substitute for medical care. If you are experiencing any specific issues or medical problem(s) and have not seen your medical doctor, I recommend you do so today.**

Your Reflexology session will begin at your scheduled appointment time. In consideration of other clients, be advised that your session will end on time, even if you arrive late. If you need to reschedule or cancel a future appointment, please contact me *at least 24 hours* in advance of your scheduled appointment. No-shows, rescheduling or cancelling with *less than 24 hours'* notice will incur a \$50 fee. Thank you for your understanding and consideration.

By signing this form, I give my consent to receive Reflexology from Gail Harrison; I understand I may discontinue a session at any time. If I have been diagnosed by a licensed health professional as having any disease, injury, or other physical or mental condition, I understand that I should inform the person who made the diagnosis that I am receiving Reflexology session(s), and whether or not I intend of discontinue any treatment or therapy which has been previously ordered, prescribed recommended by a licensed health professional. I understand that by discontinuing any such treatment or therapy, I assume responsibility for any negative outcome resulting from that decision.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_

*Thank You*