

Reflexology Intake Form

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Basic Information

Name	Phone
Address	E-mail
City, State	Birthday
Zip	Referred By

Consent to Receive Services

I give my consent to receive a reflexology session. I understand that there is no implied or stated guarantee of success or effectiveness of reflexology sessions. I acknowledge that reflexology is not a substitute for medical care, medical examinations, or diagnosis. I have stated all medical conditions that I am aware of and will inform my practitioner of any changes in my health status.

Signed: _____ Date: _____

Health Intake

Please use this space to write your answers and offer additional and pertinent information.

1. List any health concerns or conditions that are affecting you.

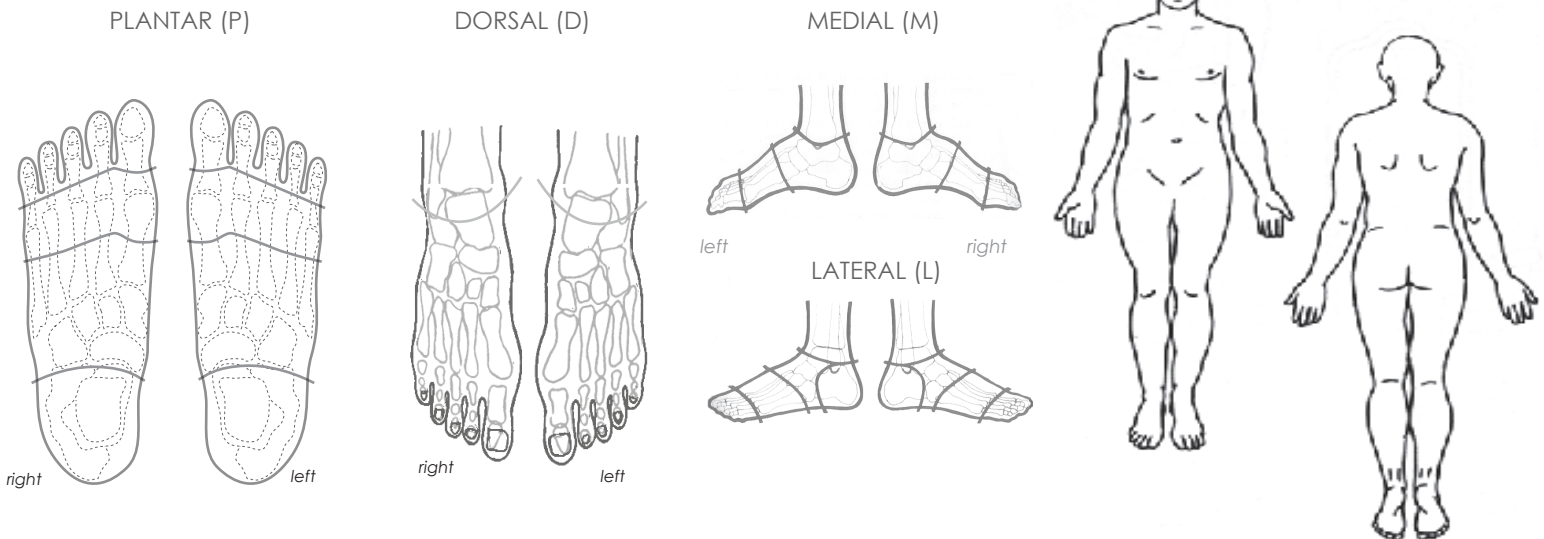
2. List major past or chronic illnesses, accidents, or surgeries.

3. Do you have any issues with your feet, hands or ears?

NO YES (explain on left)

4. What are your health goals, or goal for having reflexology?

5. Use images to indicate problem areas on your feet and body & where you hold stress.



Use the illustration to circle problem areas for you.