

Client Information Form

Reflexology



NAME _____

ADDRESS _____

_____ ZIP _____

HOME PHONE _____ WORK _____

"Don't hurt me." The practitioner's reply:
"I shall act so you praise me."

OCCUPATION _____

DATE OF BIRTH _____ AGE _____

Please **circle** the appropriate answers if you have had any of the following conditions.

Allergies

Asthma

Back Pain

Cancer

Diabetes

Sciatica

Stress

TMJ

Varicose Veins

Arthritis / Bursitis

Feet - cold / hot

Heart problems

Hiatal Hernia

Kidney problems

Leg Cramps

Neck problems

Prostate problems

Thyroid-hypo/hyper

Blood Pressure-H / L

Bowels - Colitis / Constipation / Diarrhea

Cholesterol-H / L

Ear problems / Dizziness

Female problems - PMS / Menopause

Headaches - Tension / Migraine

Skin problems - Acne / Eczema / Psoriasis / Rashes

Stomach problems - Ulcers / Gas / Indigestion

Tuberculosis

Additional Comments:

Rate your health: Excellent Good Fair Needs Improvements Daily water intake _____ glasses

Are you taking medication now? No or Yes _____

Have you ever had surgery? No or Yes _____

Broken bones No or Yes _____

Are you currently participating in any other therapies besides conventional medicine?
No or Yes (Acupuncture / Chiropractic / Massage / _____)

Are you experiencing any problems with your feet? No or Yes _____

Why are you trying reflexology? _____

How did you find out about me? Yellow pages, Newspaper ad, Lecture, other _____

I understand that **Sharon Trull** claims only to be able to aid relaxation, improve circulation, and promote a general feeling of well-being. *She* does not diagnose or prescribe. Any suggestions *she* makes are mine to accept or reject.

Signature _____ Date _____