

Reflexology Intake Form

Personal Information

Name _____ Phone (day) _____ (evening) _____
Address _____ City/State/Zip _____ DOB _____
Occupation _____ Employer _____
Email _____ Primary Physician _____
Emergency Contact _____ Relationship _____ Phone _____
How did you hear about us? _____

Health Information

Are you taking any medications? yes no
If yes, please list name and use: _____

Are you currently pregnant? yes no
If yes, how far along? _____
Any high risk factors? _____

Do you have any allergies or sensitivities? yes no
Please explain _____

Have you had any recent injuries? yes no
If yes, please list: _____

Please indicate any of the following that apply to you.

- | | |
|--|---|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Heart Attack |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney Dysfunction |
| <input type="checkbox"/> Joint Replacement(s) | <input type="checkbox"/> Blood Clots |
| <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Numbness |
| <input type="checkbox"/> Neuropathy | <input type="checkbox"/> Sprains or Strains |

Explain any conditions you have marked above:

Please rate the following on a scale of 1(bad) – 5(excellent)

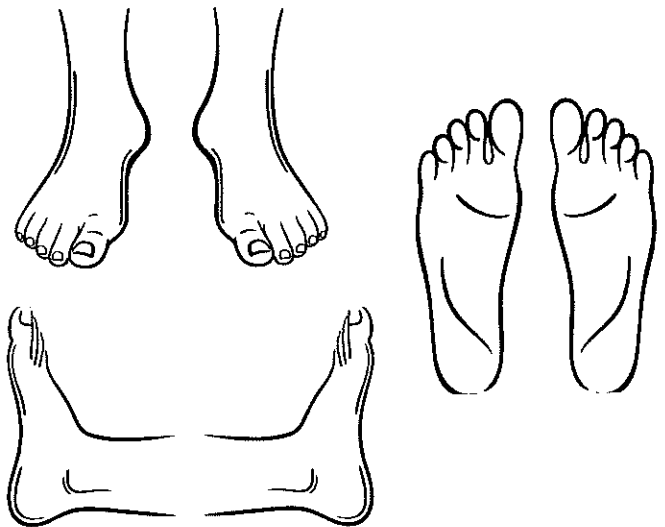
Quality of Sleep	1	2	3	4	5
Energy Levels	1	2	3	4	5
Stress Levels	1	2	3	4	5
Quality of Nutrition	1	2	3	4	5
Exercise Habits	1	2	3	4	5

Treatment Information

Have you had Reflexology before? yes no
Why are you seeking Reflexology today?

What are your goals for this session?

Please circle any areas of discomfort:



By signing below, you agree to the following.

I have completed this form to the best of my ability and knowledge and agree to inform my Reflexologist if any of the above information changes at any time.

Client Signature _____ Date _____

Reflexologist Signature _____ Date _____

Policy Notification

I appreciate that you've chosen me for your reflexology needs. To provide the best service possible to my clients I have implemented the following policies.

Cancellation Policy

I respectfully ask that you provide me with a 24 hour notice of any schedule changes or cancellation requests. Please understand that when you cancel or miss your appointment without providing a 24 hour notice I am often unable to fill that appointment time. This is an inconvenience to me and also means other clients miss the chance to receive services they need. For this reason, you will be charged 50% of the service fee for the first missed session and 100% of the service fee for each session after that. I also reserve the right to require a credit card number to be given to book future appointments so that appropriate fees may be charged if a late cancellation does occur.

I understand that emergencies can arise and illnesses do occur at inopportune times. If you have a fever, a known infection, or have experienced vomiting or diarrhea within 24 hours prior to your appointment time, I request that you cancel your session. Inclement weather may also result in the need for late cancellations. I will do my best to give advanced notice if we are closing or need to cancel due to bad weather and we ask you to do the same. Please do not risk your own safety trying to make your appointment. Late cancellation due to emergency, illness, or inclement weather will generally not result in any missed session charges, but this is determined on a case-by-case basis.

Late Arrival Policy

Please arrive 5-10 minutes prior to your appointment time to allow time to fill out any required paperwork or answer any questions either of us may have. I understand that issues can arise that may cause you to be late for your appointment. However, we ask that you call to inform us if this ever occurs so we can do our best to accommodate you. Appointment times are reserved for each client, so oftentimes we cannot exceed that reserved time without making the next client late. For this reason, arriving after your appointment time may result in loss of time from your reflexology session so that your session ends at the scheduled time. Full service fees will be charged even when sessions are shortened due to late arrival. In return we will do our best to be on time, and if we are unable to do so we will add time to your session to make up for our late arrival or adjust the service charge accordingly.

Inappropriate Behavior Policy

Reflexology is for relaxation and therapeutic purposes only. There is absolutely no sexual component to reflexology whatsoever. Any insinuation, joke, gesture, conversation, or request otherwise will result in immediate termination of your session and a refusal of any and all services in the future. You will be charged the full service fee regardless of the length of your session. Depending on the behavior exhibited we may also file a report with the local authorities if necessary. Treat your therapist with respect and dignity and you will be treated the same in return.

By signing below, you agree to abide by these policies.

Client Signature: _____

Date: _____