Client Medical History

Date:	Treatment Number:

Personal Details

Name:	Date of Birth: _____/_____/_____
Address:	Telephone (incl. code):
	Day:
Postcode:	Evening:
Occupation:	Mobile:
Marital Status: Children:	Email:

GP Details

GP Name:
GP Address:
Postcode:

Contraindication / caution check

	Yes	No		Yes	No
Cardiovascular disease/ stroke/ cardiac arrest			Hormone imbalances		
Varicose veins/ phlebitis/ thrombosis			Liver disorders		
Diabetes			Back problems		
High / low blood pressure			Water retention		
General circulation problems			Injuries		
Gynaecological problems			Chronic medical conditions		
Convalescence			Skin problems		

Please give details if you have answered yes to any of the above:

Medical Health History

Childhood health problems	
Inherited problems	
Operations / trauma	
Illnesses / diseases	

Client Medical History (contd.)

Recent Medical Health	
Areas of pain	
Headaches	
Date of last period (if applicable)	
Foot/ ankle problems	
Allergies	
Medication taken	

Lifestyle / Habits / Emotions	
How good is your diet?	
Fluid intake	
Bowel frequency	
Smoking / alcohol / recreational drugs	
Exercise	
How do you relax?	
How is your sleep pattern?	
Energy levels	
How would you describe your emotional state?	
Stress levels	
Any other information	
Are any other therapies to be offered in addition to reflexology?	

Please tick as appropriate

I am pregnant or trying to get pregnant. I have discussed the possibility of miscarriage and have been advised by the practitioner that there is no evidence to suggest that having reflexology can provoke a miscarriage and I am willing to go ahead with my treatment at my own risk. ☐

I have answered the above questions and agree that they are a true record. I have not withheld any information which might affect the course of my treatment.

Signed Date _____/_____/____

Parental consent if child is under 16 years old.

Signed Date _____/_____/____

I agree to receiving the additional therapy named above as a separate and optional extra to my reflexology treatment *(please sign and date if appropriate)*

Signed Date _____/_____/____