HEALTH HISTORY RECORD

Date: _____ Name: _____ Date of Birth: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Email: _____

Phone Number (H): _____ (W): _____ (C): _____

1. What is your occupation?_____

2. Are you in good health? Yes ☐ No ☐ If no, explain: _____

3. Are you undergoing other therapies? Yes ☐ No ☐ If yes, list:_____

   What else are you doing for your health? _____

4. What are your objectives/expectations for this session? _____

5. When did you last visit your doctor?_____

   Reason: _____

6. List past surgeries/injuries and time of same: _____

7. Are you taking medications (vitamins, dietary supplements)? Yes ☐ No ☐

   If yes, list: _____

8. Do you sleep well? Yes ☐ No ☐ If no, explain:_____

9. Do you suffer from anxiety or worry? Yes ☐ No ☐ Explain_____

10. Is your blood pressure: Normal ☐ High ☐ Low ☐ // Stable ☐ Erratic ☐ Explain: _____

11. Are you pregnant? Yes ☐ No ☐ If yes, which trimester?_____

    Have you had other pregnancies? Yes ☐ No ☐ If yes, were there complications? _____

12. Do you have allergies/sinus conditions? Yes ☐ No ☐ If yes, explain: _____

13. Do you wear prostheses? (eg. Glasses, contacts, glass eye, artificial joint/limb, metal plate, pins or wires, dentures, hearing aid) Yes ☐ No ☐ If yes, list: _____

14. Are there any current problems with your health? Explain: _____

15. Is there anything else about your health you wish to discuss? _____

Consent: I, the undersigned, consent to reflexology treatment and understand that the sessions are for stress reduction and relaxation. Reflexology does not substitute for medical examination, diagnosis, or treatment and I will consult a physician, or other qualified medical specialist for all my mental or physical ailments of which I am aware. I may stop the session at any time, either during the assessment or the treatment. Reflexology therapists do not diagnose, prescribe, treat for specific conditions or use tools of any kind. I confirm that I have informed the therapist of my known medical conditions and answered all questions honestly. Should I seek further reflexology treatment from the therapist, I agree to update them as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I forget to do so.

Signature: _____ Date: _____