Skills Compétences Canada
British Columbia

REFLEXOLOGY CLIENT INTAKE FORM

PERSONAL INFORMATION

Name: _____

Address: _____

Cell Phone: _____

HEALTH INFORMATION

Are you taking any medications? ☐ Yes ☐ No

-If yes, please list the names and reasons for the medications:

Are you currently pregnant? ☐ Yes ☐ No -If yes, how far along? _____

-Any high risk factors? _____

Do you have any allergies or sensitivities? ☐ Yes ☐ No

-If yes, please specify:

Have you had any recent injuries? ☐ Yes ☐ No

-If yes, please specify: _____

Please indicate any of the following that apply to you:

☐ Cancer
☐ Headache/migraines
☐ Arthritis
☐ Diabetes
☐ Joint replacement(s)
☐ High/low blood pressure
☐ Neuropathy
☐ Fibromyalgia
☐ Stroke
☐ Heart attack
☐ Kidney dysfunction
☐ Blood clots
☐ Numbness
☐ Sprains/strains
☐ Other:

_____

-Explain any conditions you have indicated above:

Rate the following on a scale form 1 - 5:

Quality of sleep: Poor - ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 - Excellent

Energy levels: Poor - ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 - Excellent

Stress levels: Poor - ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 - Excellent

Quality of nutrition: Poor - ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 - Excellent

Exercise habits:

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Poor - ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 - Excellent

TREATMENT INFORMATION

Have you had reflexology before? ☐ Yes ☐ No

Please describe any areas where you're experiencing discomfort:

ACKNOWLEDGMENT

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 : _____

Print name: _____