Reflexology By Sharon
sharonaynbowers@gmail.com
519 635-4638

Personal Health History

The following information is required for your own safety and will be treated with the strictest confidence. While relexology is safe, there are certain conitions that may require special considerations. If you are receiving treatment from your doctor for a medical condition, it is advisalbe to obtain their advice and permission before having reflexology.

Personal Information

Name

Street num/name

City

Email

Occupation

Date of Birth ___ / ___ / ___
dd / mm / year

Phone

Emergency Contact

Name

Phone

Physician's Information

Name

Phone

Date of last checkup (dd / mm / year) ___ / ___ / ___

Medical Information

Current prescribed medications

Nonprescription medications

Previous major illnesses and dates

Reflexology By Sharon
sharonaynbowers@gmail.com
519 635-4638

Surgeries and dates

Accidents and dates

Allergies / Hypersensitivities

Do you see other health care practitioners?

- ☐ Osteopath
- ☐ RMT
- ☐ Naturopath
- ☐ Physiotherapist
- ☐ Chiropractor
- ☐ Other

Do you have any of the following

- ☐ Fainting or dizziness
- ☐ Difficulty sleeping
- ☐ Fatigue
- ☐ Numbness or tingling
- ☐ Headaches or migraines
- ☐ Anxiety
- ☐ Deprssion
- ☐ High cholesterol
- ☐ Poor circulation
- ☐ Varicose Veins
- ☐ Shortness of breath
- ☐ Chronic cough
- ☐ Bronchitis
- ☐ Asthma
- ☐ Menstrual problems
- ☐ Menopausal issues
- ☐ Currently pregnant
- ☐ Diabetes
- ☐ Cancer
- ☐ Hepatitis
- ☐ Tuberculosis
- ☐ Herpes
- ☐ Crohn's disease
- ☐ Diverticulitis
- ☐ HIV / AIDS
- ☐ Fibromyalgia
- ☐ Parkinson's
- ☐ MS
- ☐ Autoimmune
- ☐ Broken bones
- ☐ Scar tissue
- ☐ Tendinitis
- ☐ Sprains
- ☐ Joint pain
- ☐ Arthritis
- ☐ Fungal infection
- ☐ Warts
- ☐ Plantar Fascists
- ☐ Artificial implants
- ☐ Muscle discomfort
- ☐ Athlete's foot

Do you have any of the following

Cellulitis	◯ yes	◯ no	Deep vein thrombosis	◯ yes	◯ no
High or low blood pressure	◯ yes	◯ no	Stroke	◯ yes	◯ no
Blood clot / Prone to clotting	◯ yes	◯ no	Phlebitis	◯ yes	◯ no
Edema / swelling	◯ yes	◯ no	Epilepsy	◯ yes	◯ no
Heart issues (including heart attack, congestive heart failure, etc…)	◯ yes	◯ no			

Other medical conditions

Reflexology By Sharon
sharonaynbowers@gmail.com
519 635-4638

What brings you in today?

Have you had reflexology before? ◯ yes ◯ no When was your last appointment? ___ / ___ / ___

Disclaimer (Please read and sign)

I attest that the imformation that I have provided is true to the best of my knowledge. I understand that the information that I have given on this form is confidential and will not be released without my consent. I understand that the reflexolgist can end the session at any time due to inapropriated behaviour. I give consent to have a reflexology session. **Please be aware that the reflexologist does not diagnose, prescribe, or treat for any specific condition. Reflexology is not a replacement for medical treatment by licensed health care providers. It is a compliment to most types of therapy and I render the reflexologist harmless with respect to the effects experienced as a result of any current or future reflexology sessions.** I understand 24 hours notice is required to reschedule all future appointments or full charges will apply. I authorize my medical file to be transferred to a medical clinic/facility where the reflexologist may work in the future.

Client Signature _____ Date _____

Reflexologist Signature _____ Date _____