



The Baltimore School of Reflexology

Client Health History

Date _____

Name _____ Date of Birth _____ Age _____

Address _____

Phone _____ E-Mail _____

Occupation _____

How would you describe your current state of health? _____

Are you currently under medical supervision? _____ Yes _____ No

If yes, please describe. _____

Are you currently taking any regular medications? _____ Yes _____ No

If yes, please describe. _____

Have you had any recent illnesses, accidents, surgeries or broken bones? _____ Yes _____ No

If yes please describe. _____

For Woman: Are you pregnant _____ Yes _____ No, If yes how long? _____

Are you experiencing any problems with your feet? _____

Where do you tend to hold tension in your body? _____

Have you ever had reflexology before? _____ Yes _____ No

What do you hope to gain from today? _____

How did you hear about me? _____

You need to know that I am not a doctor. I do not practice medicine. I do not prescribe or treat for specific injury or illnesses and I do not prescribe or adjust medications.

REFLEXOLOGY IS NOT A SUBSTITUTE FOR MEDICAL CARE. IF YOU ARE EXPERIENCING ANY SPECIFIC MEDICAL PROBLEM AND HAVE NOT SEEN YOUR PHYSICIAN, I RECOMMEND YOU DO SO.

Signature _____ Date _____