

The Reflex Zone

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Client Intake Form

Referred by: _____

Last name: _____ First name: _____ Gender: _____

DOB: (MM/DD/YYYY) ____/____/____ Age: ____ Occupation: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home: (____) ____ - ____ Work: (____) ____ - ____ Cell: (____) ____ - ____

E-mail address: _____

Emergency Contact Name: _____ Phone: (____) ____ - ____

Are you currently under a doctor's care? ☐ Yes ☐ No

If yes, please explain: _____

MEDICATIONS: _____

ALLERGIES: _____

How would you rate your current state of health? ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Rate your current energy level on a scale of 1 to 10, with 10 being the highest: 1 2 3 4 5 6 7 8 9 10

Rate your current stress level on a scale of 1 to 10, with 10 being the highest: 1 2 3 4 5 6 7 8 9 10

Are you currently experiencing any issues with your feet? ☐ Yes ☐ No

If yes, please explain: _____

What are your reasons for seeking reflexology? _____

Please indicate if any of the following apply to you:

- | | |
|--|--|
| <input type="checkbox"/> Varicose veins or a history of blood clots (thrombophlebitis, deep vein thrombosis) | <input type="checkbox"/> Active gout in the foot |
| <input type="checkbox"/> Current illness, fever, infection, or contagious condition | <input type="checkbox"/> Unhealed foot wound or fracture |
| <input type="checkbox"/> High-risk or first-trimester pregnancy | <input type="checkbox"/> Fungal infection of the toenails/feet |
| <input type="checkbox"/> Surgery within the past 6 months (please specify): _____ | |
| <input type="checkbox"/> Other health condition(s): _____ | |

PLEASE NOTE: Reflexology is safe and effective for just about anyone, but it is typically not recommended for those with severe varicose veins, thrombophlebitis, deep vein thrombosis, or a history of blood clots. Additionally, clients currently suffering from a contagious illness, foot fracture, fungal infection, or active gout should postpone reflexology sessions until these issues resolve.

I have stated all my known medical conditions and take it upon myself to keep the practitioner updated on my physical health. My signature gives consent for reflexology sessions through The Reflex Zone and acknowledges that reflexology is not a substitute for medical examination or treatment. It is recommended that I see a physician for any physical or mental ailment that I might have. I understand that a reflexology practitioner is not a medical doctor, a chiropractor, or a massage therapist and does not diagnose, treat, or cure any illness, disease, or other physical or mental disorder. Likewise, I understand that a reflexologist does not prescribe medical treatments or pharmaceuticals and does not perform spinal adjustments.

Signature: _____ Date: _____