

# QUESTIONNAIRE

*Please Print:*

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City-State) (Zip)

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**PHYSICAL HISTORY:**

PRESENT AILMENTS: \_\_\_\_\_

\_\_\_\_\_

PAST AILMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OPERATIONS / INJURIES: \_\_\_\_\_

\_\_\_\_\_

ARE YOU PRESENTLY UNDER DOCTOR'S CARE - EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHAT MEDICATION(S) ARE YOU PRESENTLY TAKING: \_\_\_\_\_

\_\_\_\_\_

ARE YOU RECEIVING ANY THERAPY - EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER RECEIVED REFLEXOLOGY SESSIONS IN THE PAST - IF SO, WITH WHOM :

\_\_\_\_\_

HOW DID YOU LEARN ABOUT US? \_\_\_\_\_

\_\_\_\_\_

*I realize that a Reflexologist is not a Doctor, and cannot prescribe, diagnose or treat for a specific condition.*

*Reflexology relieves tension which in turn helps to improve nerve and blood supply and to normalize the body.*

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

The use of this form is part of the member's required work.