

MASSAGE CONSULTATION FORM

DOCTOR'S NAME: _____ DOCTOR'S NO. _____

OCCUPATION: _____

HAVE YOU HAD MASSAGE BEFORE? YES/NO DETAILS: _____

WHO REFERRED YOU? _____

SMOKING HABITS? _____ ALCOHOL INTAKE? _____

LIFESTYLE: ACTIVE/SEDENTARY TYPE & FREQUENCY OF EXERCISE: _____

HOW MANY CUPS OF TEA/COFFEE PER DAY? _____

HOW MANY GLASSES OF WATER PER DAY? _____

MEDICAL HISTORY: (Please tick where applicable)

INSOMNIA	MAJOR SURGERY
CONSTIPATION	MAJOR ILLNESS
SPASTIC COLON	BLOOD PRESSURE HIGH/LOW
ALLERGIES	CARDIAC PROBLEMS
MIGRAINES	PACEMAKER
SKIN DISEASES	THROMBOSIS
CLAUSTROPHOBIA	PHLEBITIS
EATING DISORDERS	VARICOSE VEINS
PREGNANT/BREAST FEEDING	OEDEMA
EPILEPSY	POOR CIRCULATION
NERVOUS DISORDERS	DIABETES
BLOOD DISORDERS	SPINAL DISORDERS
LIVER AILMENTS	ARTHRITIS
KIDNEY AILMENTS	OSTEOPOROSIS
ASTHMA	HORMONAL IMBALANCES

CURRENT MEDICATION: _____

SUPPLEMENTS: _____

REFLEXOLOGY CONSULTATION FORM

Are you currently receiving any of the following:

Doctor's care: Yes _____ No _____ Medication? _____

Therapy? Yes _____ No _____ _____

Nature of therapy: _____

Have you received reflexology before? YES / NO _____

When? _____ Referred by: _____

Physical History:

Past ailments: _____

Present ailments: _____

Operations: _____

Injuries: _____

I realise that a reflexologist is not a doctor, and cannot prescribe, diagnose or treat for any specific condition. Reflexology relaxes tension, which in turn helps to improve nerve and blood supply and to normalise the body.

Date: _____ Signature: _____

Name _____

FOR OFFICE USE ONLY:

Acids	Gallbladder	Reproductive	Bronchi	
Adrenals	Heart	Shoulders	Hormones	
Atlas-Axis	Hip/Knee	Sigmoid	L.G.Line	
Bladder	Ileo-Cecal	Spine	Ovaries	
Breast	Kidney	Testes	Pineal	
Colon	Liver	Thymus	Pituatery	
Ear	Lungs	Thyroid	Skin	
Esophagus	Lymphatics	Ureters	Spleen	
Eye	Pancreas	Uterus	Stomach	
Prostate		Sinuses		

Foot Notes:

Remarks:

