HEALTH QUESTIONNAIRE

Date ______________________________

Name ______________________________ **Birthdate** ______________________

Address ____

Phone Number ____________ **Work Number** ____________ **Cell Number** ____________

Email Address ______________________________

Family Doctor ______________________________ **Phone Number** ______________________

Please Check off if you have any of the following conditions and/or problems:

Spine/Neck Pain ❒
Headaches/Migraines ❒
Neurological Issues ❒
Eyesight Issues ❒
Hearing Issues ❒
Diabetes ❒
Hypoglycemia ❒
Asthma ❒
Skin Disorders ❒
Pregnant ❒
Difficulty Sleeping ❒
Menstrual Problems ❒

Menopause ❒
Prostate problems ❒
Kidney or other
Urinary Problems ❒
Stomach Problems ❒
Ulcers ❒
Constipation ❒
Diarrhea ❒
Digestive Disorders ❒
High or Low Blood Pressure ❒
Heart Conditions ❒
Poor Circulation ❒

Cold Hands & Feet ❒
Blood Clots ❒
AIDS/HIV ❒
Hepatitis ❒
Glandular Problems ❒
Allergies ❒
Emotional/Psychological ❒
Weight Problems ❒
Arthritis ❒
Cancer ❒
Dental Problems ❒
Other not mentioned ❒

Are you currently being treated for any serious health condition? YES ❒ NO ❒
Have you had surgery in the last 6 months? YES ❒ NO ❒
Have you had any serious injuries in the last 6 months? YES ❒ NO ❒
Do you have any existing foot conditions that you should mention? YES ❒ NO ❒
Do you have any allergies to certain types of oils, latex, or scents? YES ❒ NO ❒
Do you exercise regularly? YES ❒ NO ❒
Do you smoke or inhale lots of second hand smoke? YES ❒ NO ❒
How many glasses of water do you drink per day? ____________
Are you doing any other therapy regularly to help your overall health? YES ❒ NO ❒
If so, which ones? ______________________________
Have you ever had a Reflexology or Reiki Session in the past? YES ❒ NO ❒

CONSENT FOR THERAPY

I hereby attest to the following:

I fully understand that Reflexology and/or Reiki are NOT a substitute for a medical doctor and I am not here for medical diagnostic or treatment procedures.

I fully understand that Reflexology and/or Reiki are Holistic healing therapies which help the body to promote deep relaxation and over all sense of well being. The therapy has been explained to me in full prior to the session by the therapist.

I have completed to the best of my knowledge and ability a full medical history and reviewed it with the Tracy Warrener, Certified Reflexologist, Certified Reiki Practitioner PRIOR to my initial session.

Date: ______________________________

Name: ______________________________

Signature: ______________________________

Witnessed By: ______________________________