HEALTH QUESTIONNAIRE

What type of session are you here today for? *Reflexology* ❒ *Indian Head Massage* ❒ *Reiki* ❒

Date _____

Name _____ **Birthdate** _____

Address _____

Phone Number _____ **Work Number** _____ **Cell Number** _____

Email Address _____ **Occupation** _____

Family Doctor _____ **Phone Number** _____

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

Spine/Neck Pain ❒	Menopause ❒	Cold Hands & Feet ❒
Headaches/Migraines ❒	Prostate problems ❒	Blood Clots ❒
Neurological Issues ❒	Kidney or other	AIDS/HIV ❒
Eyesight Issues ❒	Urinary Problems ❒	Hepatitis ❒
Hearing Issues ❒	Stomach Problems ❒	Glandular Problems ❒
Diabetes ❒	Ulcers ❒	Allergies ❒
Hypoglycemia ❒	Constipation ❒	Emotional/Psychological ❒
Asthma ❒	Diarrhea ❒	Weight Problems ❒
Skin Disorders ❒	Digestive Disorders ❒	Arthritis ❒
Pregnant ❒	High or Low Blood Pressure ❒	Cancer ❒
Difficulty Sleeping ❒	Heart Conditions ❒	Dental Problems ❒
Menstrual Problems ❒	Poor Circulation ❒	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, Indian Head Massage or Reiki Session in the past? YES ❒ NO ❒

ADDITIONAL INFORMATION

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 Van Kruistum, Certified Reflexologist, Certified Reiki Practitioner PRIOR to my initial session.

Date: _____

Name: _____

Signature: _____

Witnessed By: _____