

Reflexology Intake Form



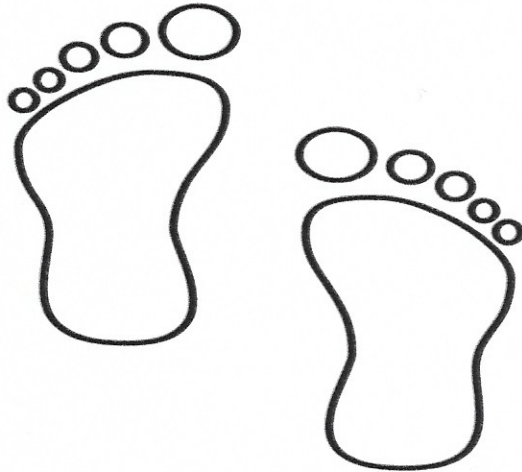
Name _____ Date _____

Have you had Reflexology before? yes no

Why are you seeking Reflexology today?

What are your goals for this session?

Please circle any areas of discomfort:



By signing below, you agree to the following. I have completed this form to the best of my ability and knowledge and agree to inform my Reflexologist if any of the above information changes at any time.

Client Signature _____ Date _____

Reflexologist Signature _____ Date _____