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| **Client details**  **Name:** | solesoother.jpg | |
| Address: | GP name:  Address: | |
| Telephone:  Email:  Emergency contact details: | Age: D.O.B:  Dependents: | |
| **Medical history** | | |
| Major illnesses/operations/injuries: | | Allergies: |
| Current medication: | | |
| Other therapies: | Current state of health: | |
| **Lifestyle** | | |
| Occupation: | Lifestyle: busy / stressful / balanced / calm | |
| Exercise p/w: | Ability to relax and find time for self: good / average / poor | |
| Energy levels: good / average / poor | Sleep pattern: good / average / poor | |
| Diet:  Fluid intake: | Stress manifestation: | |
| Smoking: Y / N | Alcohol units p/w: | |
| The information that I have given about my health in the client details above, is true to the best of my knowledge and belief and I hereby consent to receiving reflexology.  I understand that in accepting me as a client, the therapist does not undertake medical responsibility for my care and that the treatment will be complementary to any orthodox treatment I may be receiving.  I confirm that I have had it explained to me what the treatment involves and am happy to participate.  Signed…………………………………………………………………………………….. Date…………/………/…….. | | |