

Client Questionnaire - Reflexology/Vibrational Sound

Please Print

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone: Cell _____ Home _____ Office _____

E-Mail _____ Would you like to receive our e-Newsletter? Y/N

Occupation _____ Birthday M _____ D _____ Y _____

Are you presently receiving any of the following?

Doctor's Care Y/N Medication Y/N Therapy Y/N If Yes, explain _____

How would you rate the current state of your health? Excellent _____ Good _____ Fair _____ Poor _____

Are you allergic to any plants, nuts, or essential oils? _____

Women – Check where applicable

Menstrual Cycle: Regular ___ Irregular ___ Cramping ___ Menstrual Pain ___ **PREGNANT:** Y ___ N ___

Have you ever received Reflexology/Vibrational Sound Treatments? Y ___ N ___

If so, when? _____

What were the results? _____

Health History:

Past conditions: _____

Present issues: _____

Reason for Visit:

If you're experiencing any pain, where is it located? _____

How would you rate the pain with 1 being minimal and 5 being intolerable? _____

List other therapies besides conventional medicine in which you are currently participating. _____

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Where is tension mostly held in your body? (neck, stomach, shoulders, etc.). _____

List previous major illnesses, accidents, surgeries or broken bones. _____

Are you experiencing any problems with your hands or feet: If yes, please explain. _____

How did you learn about us? _____

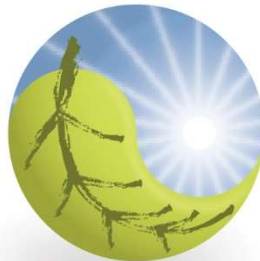
Name of referring person, if applicable. _____

Emergency Contact _____ Phone _____

Do you have Living Will/Healthcare Directive? Y ___ N ___

By signing this form, I understand that a Reflexologist/Vibrational Sound Therapist is not a doctor and cannot prescribe, diagnose, or treat for any specific condition. Reflexologist/Vibrational Sound Therapy is a method to produce relaxation, which applied, may help to improve the nerve and blood supply and to normalize/balance the body. I understand that Reflexologist/Vibrational Sound do not require that I stop any medication prescribed by a doctor, nor do they require that I refuse the care of a doctor. If I have been diagnosed as having any disease or diagnosis by a licensed health care professional, I should inform them I will be receiving these sessions. I understand that a Reflexologist/Vibrational Sound Therapist cannot predict the results that may be achieved by these sessions. I have read fully and understand all parts of this disclaimer.

Date _____ Signature _____ Print Name _____



Balancing to Peace

VIBRATIONAL SOUND THERAPY | REFLEXOLOGY | HEALING ENERGIES