Integrative Reflexology Healing
GISELLA MILLER, CR

CLIENT HISTORY

Name _____ Date _____

Address _____

City/State/Zip _____

Phone (Home) _____ Work_____ Cell_____

Email _____

Date of Birth _____ Age_____

1. How would you rate the present state of your health?
   ❑Excellent ❑Good ❑Fair ❑Poor

2. Are you currently under a doctor's care? If so, explain

_____

_____

3. For women, are you pregnant? ❑Yes ❑No
   If yes, how long? _____

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

_____

_____

5 Are you taking any medications?
If so, please list:

_____

_____

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

_____

_____

_____

7. Are you experiencing any problems with your hands or feet? ❑Yes ❑No
   If yes, please explain:

_____

_____

8. Where is tension most evident in your body? (i.e., neck, shoulders, stomach, etc.)

_____

_____

9. Why are you trying reflexology?

_____

_____

10. Have you ever had a reflexology session before? If yes, when, where and how often?

_____

_____

11. Give name of referring person, if appropriate.

_____

_____

12. A Reflexology session can also include work on your hands and ears. Please let me know if you are comfortable with your feet, hands, and ears (outer side) touched.
By selecting the box(es) of your choice, you are giving me your content to work on the following:
☐ **Feet** ☐ **Hands** ☐ **Ears**

6947 Coal Creek Parkway PMB 111
Newcastle, WA 98059 - (360) 559-2882