Indian Foot Massage Questionnaire

Please complete this form so that I may obtain a clear indication of your current condition.

Name: _____ Date of birth: _____

Street address: _____ City: _____

Postal Code: _____ Email: _____

Cell phone no: _____ Doctor's name: _____

What is your occupation? _____

Where did you hear about me? (e.g. social media - which one? Google search? Flyer? Referral?

_____

Indian foot massage should be avoided when these conditions are present. Do you have:

Thrombosis?	❑ Yes	❑ No
Any infectious disease?	❑ Yes	❑ No
Infectious skin and scalp disorders?	❑ Yes	❑ No
Recent operation?	❑ Yes	❑ No
High temperature, illness, or fever?	❑ Yes	❑ No
Athlete's foot?	❑ Yes	❑ No
Broken bones or fractures? Where? _____	❑ Yes	❑ No

These conditions require caution. Do you have:

Cuts and abrasions in the treatment area?	❑ Yes	❑ No
Undiagnosed lumps and bumps?	❑ Yes	❑ No
Bruising on your feet and/or lower legs?	❑ Yes	❑ No
Are you pregnant? If ***yes*** which trimester are you in? _____	❑ Yes	❑ No
Diabetes?	❑ Yes	❑ No
Strains and/or sprains?	❑ Yes	❑ No
Painful corns, gout, warts, or in-grown toenails?	❑ Yes	❑ No
Varicose veins?	❑ Yes	❑ No
Undergoing radiation? Chemotherapy?	❑ Yes	❑ No

Are you taking any medications? If ***yes*** please list them:

_____

_____

Are you undergoing any medical treatment for serious illness(es)? If ***yes*** please describe:

_____

_____

Is there anything else I should know about your health? _____

_____

_____

Consent to Receive Treatment:

I, the undersigned, consent to reflexology treatment and understand that sessions are for the purpose of stress reduction and relaxation. I may stop the session at any time, either during the assessment or the treatment. Reflexology Therapists do not diagnose, prescribe medication for medical or psychological conditions, nor treat for specific conditions. I understand that the treatment should not be construed as a substitute for medical examination, diagnosis or treatment and that I should consult a physician or other qualified medical specialist for mental or physical ailments that I am aware of.

I understand that the Reflexology Therapist will apply ghee, which is clarified butter, to my feet and lower legs during this reflexology treatment.

Your name (please print): _____

Your signature: _____

Today's date: _____