



Indian Head 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?)

Do you have?

- | | | |
|---|------------------------------|-----------------------------|
| Any recent head or neck injury, including whiplash or concussion? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Severe bruising in the head and neck areas to be treated? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Infectious skin and scalp disorders? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cuts and abrasions in the treatment area? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Recent operation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| High temperature, illness, or fever? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Osteoporosis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cancer or any other serious condition, which is: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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 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.

Your name (please print): _____

Your signature: _____

Today's date: _____