



A Sense of Sole

Touching the Senses one Sole at a time.

Health Record - Consent Form

Name	
Address:	
Telephone Number:	
Email Address:	
Emergency Contact:	

The following information is required for your own safety and will be treated in the strictest confidence. While Reflexology is safe there are certain conditions which may require special considerations. If you are receiving treatment from your doctor for a medical condition it is advisable to obtain their advice, and permission, before having a Reflexology treatment.

Section 1: *If you answer YES to any of the following questions then no treatment can be given at this time...*

Do you have a history of Thrombosis/Embolism (blockage that blocks an artery and slows or even stops blood flow?)	Yes/No
Have you had a Heart Attack within the last 3 months?	Yes/No
Do you suffer from any Fungal Disease (e.g. athlete's foot)?	Yes/No
Do you have any recent Fractures (allow 6 months to heal) or Sprains (allow 3 months to heal)?	Yes/No
Could you be Pregnant? (treatment cannot be given during the first 12 weeks of pregnancy and/or if there is a history of miscarriage)	Yes/No

Section 2: *If you check any of the following conditions then you are advised to discuss having Reflexology treatment with your doctor or medical practitioner and is suggested that you obtain consent before having a treatment.*

- | | | |
|-------------------------------------|---|--|
| Diabetes <input type="checkbox"/> | Unstable High Blood Pressure <input type="checkbox"/> | Phlebitis (inflammation of the veins) <input type="checkbox"/> |
| Epilepsy <input type="checkbox"/> | Acute Rheumatism <input type="checkbox"/> | Recent Operations <input type="checkbox"/> |
| Arthritis <input type="checkbox"/> | Varicose Veins <input type="checkbox"/> | Angina/General Heart Conditions <input type="checkbox"/> |
| Bronchitis <input type="checkbox"/> | Asthmatic Conditions <input type="checkbox"/> | Taking Anticoagulant medication <input type="checkbox"/> |

Osteoporosis

Parkinson Disease/Nervous System

Taking a High Dose of Prescribed Medication

Suffer from Mental Health Conditions (e.g., manic depression, paranoia)

Ever been treated for or do you have Cancer

Please clarify any of the checked above, if applicable.

Consent Form

<u>Section 3:</u> <i>If you answer YES to any of the following conditions then treatment can be given but may need adjusting due to the nature of condition.</i>	
Do you suffer from any Swelling/Edema (fluid retention)?	Yes/No
Are you suffering from Headache or Migraine ?	Yes/No
Do you have Low or High Blood Pressure ? Has it been stabilized with medication?	Yes/No Yes/No
Do you have any recent Cuts or Abrasions ?	Yes/No
Do you have any Bruising ? Bruise easily?	Yes/No
Have you recently had any Inoculations ?	Yes/No
Do you have any Plantar Warts ?	Yes/No
Do you suffer from any Back Problems ? Any Back Surgeries ?	Yes/No
Do you have any injuries (recent, past, flare on occasion, etc.)	Yes/No
Any surgeries (past or scheduled)?	Yes/No
Do you have any recent Scar Tissue ?	Yes/No
Have you been treated for Gout? OR do you presently have Gout?	Yes/No
Do you have any Allergies ? Pet? Environment? Food?	Yes/No

Female Clients Only – Date of last period

Are you currently receiving medical treatment or on prescribed medication ?
Are you currently taking any non-prescription drugs/supplements ?
Is there anything we should know about which may <u>affect</u> your treatment?

Declaration — I declare that the information that I have given is true and correct and that, as far as I am aware, I can undertake treatment with this establishment without any adverse effects. I understand that this treatment should not be construed as a substitute for medical examination, diagnosis or treatment for specific conditions. I also understand that Reflexologists are not qualified to diagnose, prescribe or treat specific conditions. Because Reflexology should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. The Reflexology client waives any and all rights to a legal remedy against the Reflexologist in the delivery of the treatment. The Reflexologist in their sole discretion reserves the right to terminate any session without refund to the client. I am fully aware of the above and am willing to proceed.

Client Signature	
Therapist Signature	
Date	
Doctor's Consent Sought(Section 1)	Date
Doctor's Consent Received (Section 1)	Date

Allergy Alert!!!! The establishment where the treatment is given has a cat. If you are highly allergic to cats, please contact me immediately so we can discuss the treatment process further.