



## Passionate Sole Reflexology

Contract for Service – Client Disclosure and Informed Choice  
Statement (form from The Baltimore School of Reflexology)

### You need to know that:

1. I am not a doctor.
2. I do not practice medicine.
3. I do not advise, prescribe, or treat for specific injury(ies) or illnesses.
4. I do not prescribe or adjust medications.

### What is reflexology?

Reflexology is a scientific art based on the premise that there are zones and reflex areas in the feet which correspond to all body parts. The physical act of applying specific pressures using thumb, finger, and hand techniques result in stress reduction, which causes a physiological change in the body.

### What does Reflexology do?

Reflexology promotes stress reduction throughout the entire body, bringing about relaxation. Reflexology promotes balance and normalization of the body through the relaxation process. Reflexology stimulates circulation and the delivery of oxygen and nutrients to the cells.

By signing this form, I have read and understand the information provided herein, and I agree to a reflexology session. I understand that I may discontinue a session or series of sessions at any time. If I have been diagnosed by a licensed health care professional as having a disease, injury, or other physical or mental condition, I understand that I should inform the person who made the diagnosis about the sessions I will be receiving and whether or not I intend to discontinue any treatment or therapy which had been previously ordered, prescribed, or recommended by a licensed health care professional. I understand that by discontinuing any such treatment or therapy that I assume responsibility for any negative outcome resulting from discontinuing that treatment or therapy.

**REFLEXOLOGY IS NOT A SUBSTITUTE FOR MEDICAL CARE. IF YOU ARE EXPERIENCING ANY SPECIFIC MEDICAL PROBLEM(S) AND HAVE NOT BEEN SEEN BY A PHYSICIAN, I RECOMMEND YOU DO SO.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print \_\_\_\_\_



# Passionate Sole Reflexology

## Client Health History

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

How would you describe your current state of health? \_\_\_\_\_

Are you currently under medical supervision? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Are you currently taking any regular medications? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Have you had any recent illness, accidents, surgeries, or broken bones? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

For women: Are you pregnant? Yes \_\_\_\_\_ (\_\_\_\_\_ weeks along) No \_\_\_\_\_

Are you experiencing any problems with your feet? \_\_\_\_\_

Where do you hold tension? \_\_\_\_\_

Have you had reflexology before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where? \_\_\_\_\_

What do you hope to gain today? \_\_\_\_\_

How did you hear about me? \_\_\_\_\_

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