



## Family Chiropractic and Wellness Reflexology Intake Form

Name: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Best # to reach you: \_\_\_\_\_ Home Cell Work

Best Time to reach you: \_\_\_\_\_

Best Appointment time: Weekdays Evenings Weekends (circle all that apply)

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

Birthday: \_\_\_\_\_ Who referred you? \_\_\_\_\_

Please List the issue that brings you for Reflexology. \_\_\_\_\_

\_\_\_\_\_

Are you currently under a Doctor's care? Yes No

Please list current medical issues. (illnesses, accident, surgery, broken bones) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list past medical issues. (illness, accident, surgery, broken bones) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please List current medications? \_\_\_\_\_

Do you have/or have you had any blood clotting issues? Yes No  
 (Reflexology improves/increases circulation. If dealing with any clotting issues a Doctor should be consulted)

(Women) Are you or could you be Pregnant? Yes No

Do you have any contagious skin conditions on or around your lower leg/ankle/feet? Yes No

Do you have varicose veins? Yes No

Are you currently undergoing cancer treatment? Yes No

Do you have fungus or warts on your feet? Yes No

Do you have any plant or seasonal allergies? (typically essential oils are used)

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Have you had (please circle)  
**Reflexology    Massage    Acupuncture    Chiropractic**

If so, when and how often? \_\_\_\_\_

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What is your primary goal (s) for your Reflexology treatment(s)?

- \_\_\_\_\_ All Listed
- \_\_\_\_\_ Boost Immune System
- \_\_\_\_\_ Overall Relaxation
- \_\_\_\_\_ Circulation/Lymphatic issues
- \_\_\_\_\_ Improved Sleep
- \_\_\_\_\_ Preventative Wellness
- \_\_\_\_\_ Stress Reduction
- \_\_\_\_\_ Other \_\_\_\_\_

I understand that Reflexology does not replace a medical doctor. Reflexology can not “diagnose” or “cure”. Reflexology works to improve the function of the body through relaxation & improved circulation.

Signed: \_\_\_\_\_

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