

(DIP REF, ADV DIP NM)

PHONE 0412 660 456

QUESTIONNAIRE REFLEXOLOGY

FIRST NAME.....SURNAME.....

ADDRESS,.....

.....POST CODE.....

PHONE: Home.....Work.....Mobile.....

EMAIL ADDRESS.....OCCUPATION.....

D.O.B.....AGE..... HEIGHT.....WEIGHT.....

EMERGENCY CONTACT.....PHONE.....

PRIVATE HEALTH FUND HISTORY OF SEIZURES.....

BLOOD CLOTS/ THROMBOSIS.....UNDER CARE OF DOCTORS.....

.....WHO.....

.....,

WHAT FOR.....

.....

COMPLEMENTARY PRACTITIONERS.....

WHO.....

.....

WHAT FOR.....

MEDICATIONS:.....

.....

.....

SUPPLEMENTS:.....

.....

.....

(DIP REF, ADV DIP NM)

PHONE 0412 660 456

ALLERGIES, IF YES TO WHAT.....

ACCIDENTS:.....

WHEN..... BROKEN BONES.....

OPERATIONS.....

ARE YOU IN PAIN NOW..... WHERE.....

.....

SEVERITY.....1 2 3 4 5 6 7 8 9 10.....WHAT KIND OF PAIN.....

.....

HOW IS YOUR SLEEP.....

DO/DID YOU SUFFER FROM:

HIGH / LOW BLOODPRESSURE.....DIABETES.....

EPILEPSY..... CANCER.....

THYROID PROBLEMS.....

ARTHRITIS.....RHEUMATOID.....OSTEO.....

TINNITUS.....VERTIGO.....HOW OFTEN.....

BLADDER ISSUES.....

CONSTIPATION.....DIARRHEA.....

HEADACHE.....MIGRAINE.....

ANAEMIA.....DEPRESSION.....

ANXIETY.....DIFFICULTY TO CONCENRATE.....

.....EYE PROBLEMS.....

DIFFICULTY WITH MEMORY.....

BACKPROBLEMS..... WHERE: CERVICAL.....THORACIC.....

LUMBAR..... COXYC.....SHOULDER.....

.....PLSE DESCRIBE.....

(DIP REF, ADV DIP NM)

PHONE 0412 660 456

.....

CARPAL TUNNEL SYNDROM.....

JOINT PROBLEMS (OTHER THAN ARTHRITIS).....

NUMBNESS.....WHERE.....

MENSTRUATION.....CRAMPS.....CLOTTING.....PMS.....

PCOS.....WHERE ARE YOU IN THE CYCLE NOW.....

SPECIAL DIET.....

DRINKS.....

ANY OTHER CONCERNS.....

.....

.....

I understand that:

- This is a clinic for complementary treatments, not a medical practice
- I can request adaptations to pressure of techniques at any stage during treatment

I give permission for Reflexology treatments

Signed..... Date.....