

THE BAREFOOT DRAGONFLY

Confidential Health History Form

Name: _____ Date of birth: _____

Single Married Life Partner Divorced Widowed

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Would you like to receive coupons, news and updates through our eNewsletter? Yes No

Subscribers may unsubscribe at any time. Newsletter goes out monthly, birthday coupons are annual.

In Case of Emergency Contact:

Relationship & Phone: _____

Family Physician: _____ Phone: _____

How did you hear about us?

Occupation: _____ Hours per week: _____

On a scale of 0 (none) to 10 (unmanageable), how stressful is your:
Work? _____ Health status? _____ Social/family situation? _____

Policies:

Payment – we accept cash, checks, and all major credit cards. Returned checks will incur a \$30 charge payable to The Barefoot Dragonfly within 10 business days. Payment is due at time of service.

Cancellations – we value your business and make a commitment to you to guarantee your appointment time and refuse all other requests once you have made the appointment. A 24 hour cancellation notice is required for any scheduled appointment. You may be charged up to the full amount of the session booked if notice is not given 24 hours in advance. Missed or no-show appointments will be charged the full amount of the treatment booked. Gift certificates are forfeited and marked redeemed with less than 24 hours cancellation notice, or for a missed or no-show appointment.

Policies: Please initial that you have read the above policies: _____

THE BAREFOOT DRAGONFLY

HEALTH INFORMATION

If there are any questions that you don't feel comfortable answering, please leave the section blank and we can discuss this in person.

Why are you trying Reflexology?

Where is tension most evident in your body?

Are you currently being treated for a medical condition? (Please describe)

Have you ever had a Reflexology treatment? Yes No When and for what reason?

Are you sensitive to essential oils, body oils and/or creams? Yes No

If yes, describe:

List any medications (prescription and over-the-counter), vitamins, and/or supplements you are currently taking, as well as, medications you have taken in the past:

Name	Dosage/Frequency	How long	Reason
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HOSPITALIZATIONS/Surgeries/Operations (list dates):

THE BAREFOOT DRAGONFLY

Body Systems Review

Please mark all of the conditions below that you have now (X) or had in the past (P)

ENDOCRINE

- Hypo- or hyper- thyroidism
- Diabetes
- Hypoglycemia
- Other _____

GASTRO-INTESTINAL

- Nausea or vomiting
- Diarrhea
- Constipation
- Irritable Bowel Syndrome
- Indigestion
- Rectal Pain/hemorrhoids
- Gallstones
- Heart Burn/Acid Reflux
- Ulcer
- Other _____

CARDIOVASCULAR

- High or low blood pressure
- Blood clots
- Heart disease
- Anemia
- Varicose veins
- Cold Hands/Feet
- Swelling of Hands/Feet
- Heart Murmur
- Other _____

RESPIRATORY

- Asthma
- Bronchitis
- Chronic Obstructive
- Pulmonary Disease
- Pneumonia
- Chest Congestion
- Frequently catching colds
- Other _____

HEAD AND NECK

- Dizziness
- Neck Stiffness
- Headaches
- Jaw tightness/Pain

- Concussion/trauma to head

Other: _____

FEMALE REPRODUCTIVE

- Frequent urinary tract infections
- Pelvic Inflammatory Disease
- Endometriosis
- Ovarian Cyst
- Uterine Fibroid
- Abnormal Pap smear
- Irregular Periods
- Painful menstrual periods
- Pre-menstrual symptoms
- Menopause symptoms
- Breast lumps
- Infertility
- Low libido
- Other _____

MALE REPRODUCTIVE

- Impotence
- Erectile difficulty
- Premature ejaculation
- Low libido
- Prostatitis
- Other: _____

SKIN

- Warts
- Rashes
- Psoriasis
- Eczema
- Other _____

GENITO-URINARY

- Kidney stones
- Painful urination
- Frequent urination
- Urinary Incontinence
- Other _____

EARS

- Recurring ear infections

- Ear ringing

Other: _____

Itching

Decreased Hearing

Other: _____

NOSE, THROAT & MOUTH

- Frequent sinus infections
- Seasonal allergies
- Grinding teeth
- Goiter
- Other: _____

NEUROLOGICAL

- Seizures
- Tremors
- Numbness/tingling in limbs
- Pain _____
- Paralysis
- Migraine
- Concussion
- Other: _____

EYES

- Blurred vision
- Eye pain
- Cataracts
- Eyeglasses/contact lenses
- Other: _____

MUSCULO-SKELETAL

- Osteoporosis
- Joint Pain
- Fibromyalgia
- Back or Neck Pain
- Foot Pain
- Hand Pain
- Other: _____

IMMUNE/LYMPHATIC

- Chronic Fatigue Syndrome
- Rheumatoid Arthritis
- Aids/HIV
- Cancer
- Other: _____

Informed Consent to Treatment

What is Reflexology? Reflexologists believe the entire body is mirrored on the feet and hands. Foot and hand reflexology is a scientific art based on the premise that there are zones and reflex areas in the feet and hands which correspond to all body parts. The physical act of applying specific pressures using thumb, finger, and hand techniques results in stress reduction which causes physiological changes in the body. A primary benefit of reflexology is relaxation. Relaxation through reflexology may help the body to balance any kind of stress it is experiencing.

Reflexology is not a substitute for medical treatment, but does complement most types of therapy. Amy Kreydin is not a doctor nor does she practice medicine. She does not diagnose or treat for a specific illness nor prescribe or adjust medication.

What does Reflexology do?

1. Reflexology promotes balance and normalization of the body naturally;
2. Reflexology reduces stress and brings about relaxation; and
3. Reflexology stimulates circulation and the delivery of oxygen and nutrients to the cells.

By signing this form, I give my consent to a reflexology session. I acknowledge I have read and understand the information below.

- I understand I may discontinue a session or sessions at any time.
- If I have been diagnosed by a licensed health professional as having any 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 professional. ****I understand that by discontinuing any such treatment or therapy I agree to hold Amy Kreydin free from any liability, assuming responsibility for any negative outcome resulting from discontinuing that treatment or therapy.**
- I understand that oils and lotions are used during a reflexology session. ****I understand that by neglecting to inform the Reflexologist of any sensitivity to oils and/or lotions, before or during session, I agree to hold Amy Kreydin free from any liability, assuming responsibility for any negative outcome resulting from the use of oils and/or lotions during a reflexology session.**

Client Signature _____ Date: _____

Reflexologist Signature _____

REFLEXOLOGY IS NOT A SUBSTITUTE FOR MEDICAL CARE. IF YOU ARE EXPERIENCING ANY SPECIFIC MEDICAL PROBLEM AND HAVE NOT SEEN YOUR MEDICAL DOCTOR, I RECOMMEND YOU DO SO TODAY.

Revised from ARCB 2006