RESTON REFLEXOLOGY

Client Release Form

RestonReflexology@Gmail.com **(703) 851-1627**

Reflexology Client Release Reflexologist: Ann Marie Gennaro / _________

I understand that reflexology therapy is for the purpose of stress reduction, relief from muscular tension and spasm, general relaxation, and improvement of circulation and flow of oxygen and blood and energy. Further, I understand that reflexology services received today and in the future are for relaxation purposes only, and that information received during the course of a session is educational.

I understand that the Reflexologist does not diagnosis illness, disease, or any other physical or mental disorder. The practitioner does not prescribe medical treatment, pharmaceuticals, homeopathic products, nor perform osteopathic/chiropractic manipulations.

I understand that reflexology is not a substitute for medical examination or intervention, and that I will see a physician for any physical ailment or condition that I may have and that I deem requires medical attention.

I have stated all of my known medical conditions on the intake form, and I realize it is solely my responsibility to keep the Reflexologist informed and updated of any changes in my physical health.

I agree to actively participate in my own healing and health maintenance, which may include consulting a medical practitioner when necessary.

I agree to participate in the reflexology session and to communicate with the Reflexologist regarding any tenderness, discomfort or pain for the purpose of accurately documenting the process of the therapy session, findings, and client response.

By signing this release, I waive and release Ann Marie Gennaro, Reflexologist, from any and all liability past, present, and future, relating to the reflexology received in the session(s).

Client Name (*please print clearly*) ____

Client **Signature** ____ Date ____________

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Client Intake Form

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Name: ____

Email Address: ____

Home Address:____

City/State/Zip: ____

Mobile Phone: ____

Text Message for Appointment Reminder: ___YES ___ NO

Emergency Contact (name and phone):____

Are you currently physically active / exercising? YES ___ NO ____

If yes, which type of exercise and how often? _____________________________________

Are any of the following part of your regular wellness routine? Please mark all that apply:

___ Regular Allopathic (M.D.) ___ Chiropractic ___ Acupuncture

___ Naturopathic ___ Vitamins ___ Homeopathic remedies

___ Meditation ___ Yoga ___ Massage Therapy ___ Pilates

Stress reduction through (mark all that apply):

___ breath exercises ___ nature ___ personal time ___ music

___ hobbies _____exercise _____reading ____ other: ___________

Do you have an allergy to GRAPESEED OIL? YES ____ NO ____

Have you had a FOOT or LEG surgery or procedure in the past year? If yes, please describe:

Signature: ____Date: _________________

Reston Reflexology: Medical History Form

CLIENT NAME: ____DATE: _______

Please mark any that apply to you:

AIDS/HIV_______
Anemia______
Arthritis_______
Asthma_______
Cancer / Tumor (Location: ________________)
Circulatory Problem________
Clot (Location: _________________________)
Constipation________
Cuts/Sores/Burns/Athlete's Foot_____
Diabetes______
Diarrhea______
Dizziness______
Epilepsy______
Fatigue______
Fever/Cold/Flu_____
Headaches_____
Heart Disease______
Hernia_____
High Blood Pressure_____
High Cholesterol_____
Insomnia Joint Pain (Location: _____________)
Kidney issue______
Liver issue_______
Lung issue____
Nervousness/Anxiety_____
Plates/Screws (foot or leg) _____
Pregnant (_____ weeks)
Scoliosis_____
Sinusitis_____
Stroke (Date: _________________)
Thrombosis_____
Ulcer_____
Varicose veins_____
Weight issue_____
Other: ____