



## The Garden Sanctuary Medical Form

<p>Clients Name:</p> <p>Address:</p> <p>Tel No:</p> <p>Email:</p> <p>D.O.B:</p>	<p>GP Name:</p> <p>Clinic Address:</p> <p>Tel No:</p>
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Family Circumstances: (partner / dependants)

Occupation:

Medical History: (illnesses, diseases, disorders, accidents, injuries, operations etc)

Family Medical History:

Medication: (past and present)

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Presenting Conditions: (reasons for Reflexology)

Signs and symptoms:

Possible causes:

How does stress manifest itself in you:

## LIFESTYLE

Diet: (typical daily intake, fluids & supplements)

Exercise:

Smoke / Alcohol Consumption:

Hobbies / Relaxation:

Stress Levels / Worries and Fears:

Details of previous Reflexology treatments and any reactions:

Other Complementary Treatments:

The information used on this consultation sheet is treated with the strictest confidence and is used on the understanding that reflexology is a complementary therapy and is not meant to replace a medical diagnosis.

I would like to send you my monthly top tips on feeling calm and relaxed during the day, along with details of special Garden Sanctuary offers, If you would prefer NOT to receive this email, please place a cross in the box.

Client Signature:

Date:

