

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)

Presenting Conditions: (reasons for Reflexology)

LIFESTYLE

Diet: (typical daily intake, fluids & supplements)

Exercise:

Smoke / Alcohol Consumption:

Hobbies / Relaxation:

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.

Client Signature:

Date: