

Wisdom Reflexology & Healing Arts

Date: _____

Current Shoe Size: _____

Name: _____ Birth Date: _____ Age: _____

Address: _____ Home Phone: _____ 2nd Phone: _____

City, State, Zip: _____ Email Address: _____

Is this your first reflexology session? Yes/ No Where did you hear about me? _____

How would you rate your present state of health? Please circle Excellent Good Fair Poor

Are you currently under a doctor's care? If so, please explain: _____

What is your primary goal for today's session? _____

Are you pregnant or trying to get pregnant? _____ If yes, how far along are you? _____

Please list any major illnesses, broken bones, surgeries, hospitalizations and your age when they occurred:

List any **conventional** or **unconventional** medications, herbs and therapies you are currently trying:

List any therapies (besides conventional medicine) you are currently receiving: _____

Where is the most evident spot of tension in your body? (i.e. neck, shoulders, jaw) _____

How do you nurture your Mind, Body and Spirit? _____

Is relaxation a challenge for you? Yes ___ No ___ Comments: _____

Do you have any allergies? If yes, to what? _____

Do you have any scars on your body?(including pierced ears) Where _____

Circle any that apply today: -Fever -Infection -Cold/ Flu -Inflammation -Pain (where?) _____

Do you have foot/ hand/ ear problems? Yes/ No Please note "R" for right and "L" for left

Plantar fasciitis	Neuroma	Gout	Carpal Tunnel	Neuropathy
Plantar warts	Athlete's Foot	Bone Spur	Orthotics	
Bunion	Other: _____			

Please mark "N" for chronic conditions you have NOW and "P" next to those you've had in the past

Heart problems	Cross dominance	Menstrual issues	Asthma	Chronic Pain
Blood pressure	Constipation	Ovarian issues	Allergies/ hay fever	Skin Disorders
Embolism	Irritable Bowel synd.	Osteoporosis	Sinusitis	Eczema
Diabetes	Sciatica	Arthritis	Respiratory issues	Phlebitis
Kidney ailments	Neck injury	Bursitis/ tendonitis	Dyslexia	Thrombosis
Bladder ailments	Spinal injury	Joint disorders	Headaches	Varicose veins
Ear Infections	Numbness	Sleep disorder	Eye strain	Thyroid disorder
TMJ	Teeth grinding	Addiction	Colon Distress	Stress

*The above information is accurate and true to the best of my knowledge.
I understand that no diagnosis is implied or offered. I understand that no
diagnosis is implied or offered. **I agree to give a minimum of 24 hours notice
if I must cancel or reschedule an appointment, and understand that I will be
charged the session price without such notice***

Signed: _____ Date: _____

Foot Measurements

Right	Left
TH _____	TH _____
BH _____	BH _____
W _____	W _____

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Intention and Policy Statements

My operating philosophy

It is my belief that my work offers complimentary care for the individual and the deepest of healing comes from the individual themselves, within themselves. Legally and philosophically, I do not diagnosis, cure, prescribe or give medical advice. Each individual and each session is unique and held with the deepest regard for the journey of the being. Throughout our work together I will hold the intention of "highest and best". I trust that our work together will foster open communication and support. I encourage you to consider your goals for our time together and to share them with me as they evolve and transform.

My commitment to the profession

It is my intention to continue to work with professionals that support the healing arts with adults and children. In this work, I hope to present opportunities for the benefits of reflexology to be experienced by all. I am particularly interested in working with Anthroposophical healers that work with children. With this in mind, it is my intention to engage in conversation (both oral and written) about the work I do. Individual privacy will be held strictly confidential. Any information exchanged will at no time contain data that could link an individual to the work (no names, addresses, phone numbers or other identifying information) will ever be exchanged without written permission from the client. This document DOES NOT constitute written permission to reveal such data. This document does clarify my intentions for work with my clients and within the field. It is my written commitment to my clients, the field I embark upon this journey within, and myself.

Basic Session Guidelines

Sacred Space: Please help hold this space as sacred. Take a moment to silence all electronic devices. Take a deep breath and release. Breathe in and enter.

Cancellations: If you need to cancel or reschedule your session, contact me as soon as possible. Cancellations with less than 24 hours notice will be charged the full session rate.

Payment: Payment is due before or on the day of the session. I accept cash and check only. A fee will be charged for returned checks.

Please feel free to speak to me openly should a question arise.

With Gratitude,
Nydia Stephens

I acknowledge reading and full understanding of the above statements.

Signed Name

Date

Printed Name

TO THE CLIENTS OF REFLEXOLOGY

You need to know that:

1. I am not a medical doctor.
2. I do not practice medicine
3. I do not diagnose or treat any specific illness.
4. I do not prescribe or adjust medications.

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

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 improves circulation and the delivery of oxygen and nutrients to the cells.

By signing this form, I give my consent to this reflexology session. I understand I may discontinue the session 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 reflexology sessions I will be receiving, and whether or not I intend to discontinue any treatment or therapy which has been previously ordered, prescribed or recommended by a licensed health professional. I understand that by discontinuing any such treatment or therapy, I assume responsibility for any negative outcome resulting from discontinuing that treatment or therapy.

Signature: _____ Date : _____

Print Name: _____

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

Wisdom Reflexology & Healing Arts
6441 Harding Avenue, Suite 1
Clinton, WA 98236
(360) 341-1498 cell

Privacy Practices (HIPAA) Form

Record Retention

Records will be maintained in a confidential manner and will be secured in a locked office when not in use by the practitioner.

Client Rights

Clients may request in writing to see or obtain a copy of their records. Clients may request that corrections be made if they identify errors or mistakes. Access to records will be made during regular business hours within 10 days of receipt of written request. A fee may be charged for copying and sending requested records. Requested records are sent standard U.S. mail unless the client requests they be sent via express mail (at the client's expense).

Use of Records

The practitioner will maintain records. No records or information shall be released without the written authorization of the client, unless compelled by law.

Disclosure of Records

At no time are client records and information released to anyone without written request and release from the client, unless compelled by law (such as subpoenas). At no time are client records sent electronically (email or fax) to anyone unless compelled by law.

I, (please print name) _____ have received, read and understand this privacy policy as it relates to receiving reflexology and/or energy treatment from this practitioner.

Signed

Date