

INNER REFLEXIONS - Client Health / Record Form
Information is confidential

DATE: _____

Name: _____ DOB: _____

Home Address: _____ Town: _____

State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Do you wish to receive emails? YES / NO

What type of work do you do? _____

How much stress do you feel lately on a scale 1-10 (*10 being the most*) 0 1 2 3 4 5 6 7 8 9 10

How do you de-stress _____

Is your skin: OILY DRY NORMAL COMBINATION

Is your body temperature tendency: HOT / WARM / COLD / NEUTRAL / ALWAYS CHANGING

Do you have any allergies: YES / NO Explain: _____

How is your digestion? Explain: _____

How well do you sleep: DEEP & SOUND / TOSS & TURN / LIGHT & DISTURBED / ALWAYS CHANGING

Hours of sleep average/night? _____ Do you wake feeling restored? SOMETIMES / YES / NEVER

What's your current main 'issue' you experience health wise _____

Are you on any medications? _____

Have you had any major surgeries or illness(es) I should know about? _____

Is there anything else you would like to share with me? _____

I, _____ consent to be a client for Krista Carleton for a holistic treatment which involves bodywork and/ or Reflexology. I understand that I will not be diagnosed, prescribed or treated for any specific condition and my treatment abides by a professional code of ethics and conduct. I understand that this treatment is not a replacement for medical care but is meant to compliment all I am doing for my health.