Hand Reflexology Health Record

Note: This form to be completed on the **first visit only.**

Name: _____ Today's Date: _____ (Month/Day/Year)

Address: _____ Tel. Res: ( ) _____

Town: _____ Tel. Bus: ( ) _____

Prov./State: _____ PC/Zip: _____ Birth Date: _____ (Month/Day/Year)

Last Medical Visit: _____ Findings (Medical): _____

Have you had any accidents?	No ☐	Yes ☐	What/When? _____
Do you have any serious illness?	No ☐	Yes ☐	What/When? _____
Have you been hospitalized recently?	No ☐	Yes ☐	Why/When? _____
Have you had any broken bones?	No ☐	Yes ☐	What/When? _____
Have you had any surgery?	No ☐	Yes ☐	What/When? _____
Are you on medication?	No ☐	Yes ☐	What/Why? _____
Do you have any heart problems?	No ☐	Yes ☐	What/When? _____
Do you have a pacemaker?	No ☐	Yes ☐	Where/When? _____
How is your blood pressure?	Normal ☐	Not Normal ☐	Why? _____
Do you have any circulatory problems?	No ☐	Yes ☐	What? _____
Are you pregnant? (female only)	No ☐	Yes ☐	Trimester? _____
Any history of cancer?	No ☐	Yes ☐	What/When? _____
Do you have diabetes?	No ☐	Yes ☐	What/When? _____
Do you have epilepsy?	No ☐	Yes ☐	What/When? _____
Do you wear any prostheses? (artificial limbs, hearing aids, etc)	No ☐	Yes ☐	What/Where? _____
Do you smoke / have allergies?	No ☐	Yes ☐	What/When? _____
Are you taking other therapies?	No ☐	Yes ☐	What? _____
Have you had Reflexology before?	No ☐	Yes ☐	Who/When? _____

Who referred you to us? What is your occupation? _____

Who is your doctor? _____ Doctor Tel. #: _____

Present Problems: _____

Consent for Reflexology Session:

I understand and accept that the sessions received are of therapeutic value only and fully accept responsibility for the same.

Signature: (parent/guardian) _____ Date: _____

Volunteer Client: _____

Date: (mm/dd/yy)	**Observations:**

Hand Reflexology Session Record

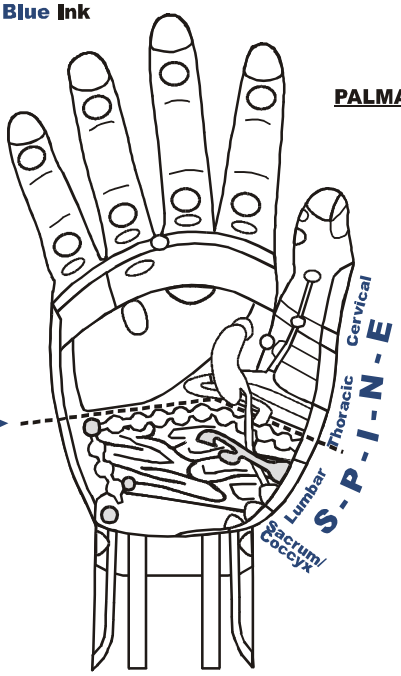
Note: This form is to be completed by the Reflexologist for each session

Date of Session: _____ (mm/dd/yy)

Session Number: _____ Volunteer Client: _____

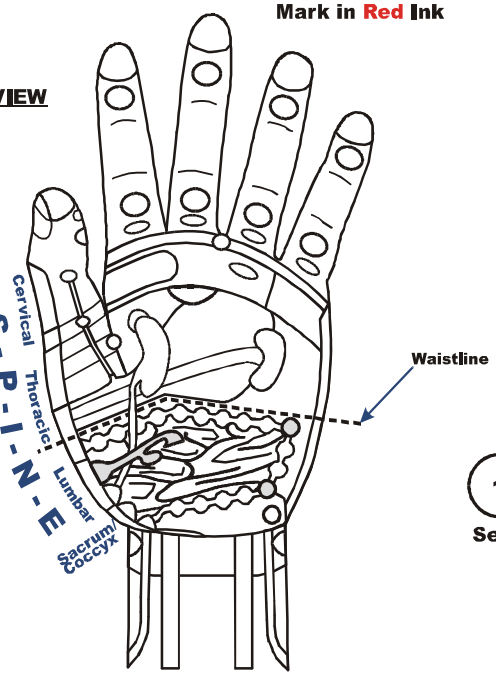
RIGHT HAND

Mark in Blue Ink



LEFT HAND

Mark in Red Ink



PALMAR VIEW

Hand Conditions Observed

Legend

1 → 5 Sensitivity Scale

Tender Area (Yellow)

Swelling/Puffiness (Pink)

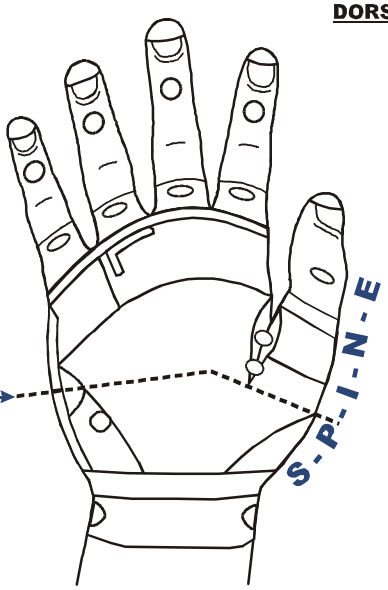
Deposits (Green)

Callous (Blue)

Right Thumb

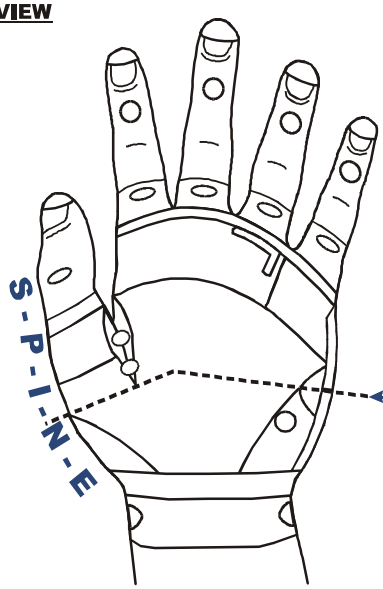
Left Thumb

LEFT HAND



DORSAL VIEW

RIGHT HAND



All charts are based on the premise that there are zones and reflexes on different parts of the body which correspond to and are relative to all parts, glands and organs of the entire body.

Reflexologists **do not** diagnose, prescribe for, or treat specific conditions. Reflexologists **do not** work in opposition to the medical or other fields, but instead complement and enhance them.