



Reflexology Intake Form

Office Use Only

Appointment time: _____ **Adjustment: Before:** _____ **After:** _____ **or No:** _____

Date: _____

Name: _____

Address: _____ Home phone: _____

City, State, Zip: _____ Cell phone: _____

Emergency Contact _____ Phone _____

Email _____ Date of Birth _____ Occupation _____

How did you hear about me? _____

1. Have you had Reflexology before? Yes No

2. Have you had energy healing before? Yes No

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

4. Major illnesses (current and past): _____

5. Are you currently under a doctor's care? Yes No

If yes, please explain _____

6. Past Surgeries: _____

7. Medications you are using: _____

8. Are you pregnant? Yes No If yes how far long: _____

9. How would you rate your overall health? Excellent Good Fair Poor

10. Are you having any problems with your feet? Yes No if yes, explain: _____

11. Where is the tension most evident in your body? _____

Office Use Only {Therapy Time}

15 min: _____ 30 Min: _____ 1 Hour: _____ Hour & Half: _____ 2 Hours: _____ Package Visit: _____

Therapist: _____ Recommendation for frequency: _____ CA: _____ Time: _____

Medical History:

In order to plan a therapy session that is safe and effective, I need some general information about your medical history.

Do you see a chiropractor? Yes No If yes, how often? _____

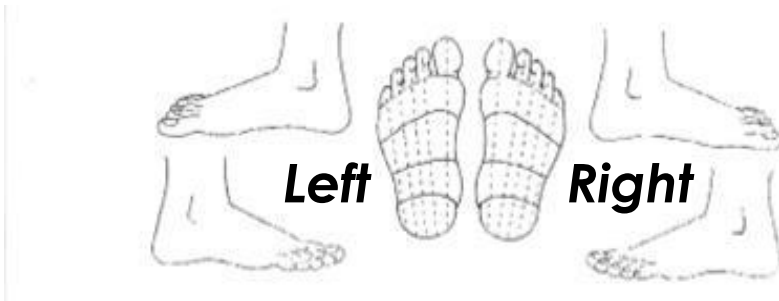
Please check any condition listed below that applies to you:

- | | | |
|---|--|---|
| <input type="checkbox"/> back/neck problems | <input type="checkbox"/> phlebitis | |
| <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> deep vein thrombosis/blood clots | |
| <input type="checkbox"/> TMJ | <input type="checkbox"/> joint disorder/rheumatoid arthritis/osteoarthritis/tendonitis | |
| <input type="checkbox"/> carpal tunnel syndrome | <input type="checkbox"/> osteoporosis | |
| <input type="checkbox"/> tennis elbow | <input type="checkbox"/> epilepsy | <input type="checkbox"/> heart condition |
| <input type="checkbox"/> pregnancy if yes, how many months? _____ | <input type="checkbox"/> headaches/migraines | <input type="checkbox"/> circulatory disorder |
| <input type="checkbox"/> contagious skin condition | <input type="checkbox"/> cancer | <input type="checkbox"/> high or low blood pressure |
| <input type="checkbox"/> open sores or wounds | <input type="checkbox"/> diabetes | <input type="checkbox"/> painful varicose veins |
| <input type="checkbox"/> easy bruising | <input type="checkbox"/> decreased sensation | <input type="checkbox"/> current fever |
| | <input type="checkbox"/> artificial joint | <input type="checkbox"/> recent accident or injury |

Please explain any condition that you have marked above _____

Is there anything else about your health history that you think would be useful for your therapist to know to plan a safe and effective therapy session for you? _____

Circle any specific areas to concentrate on during the session and an **X** on places where you **feel pain**:



PLEASE MAKE SURE YOUR CELL PHONE IS OFF OR ON SILENT DURING THE THERAPY SESSION

Client Consent Form

What you need to know:

1. I am **not** a medical doctor
2. I do **not** practice medicine
3. I do **not** diagnose illnesses
4. I do **not** prescribe or adjust medication

What is Reflexology?

Reflexologists believe the entire body is reflected on the feet, hands, and ears. Reflexology is a scientific art based on the premise that there are zones and reflex areas that correspond to all body parts in the feet, hands, and ears. The physical act of applying specific pressures using thumb, finger, and hand techniques result in physiological changes in the body.

What is energy healing?

Energy is a powerful medicine. Your body's energies are a potent force for you own healing. Your energies are always feeding your cells, fueling your immune system, and helping rid you of toxins. Energy healing is the art and science of optimizing your body's natural energies and helping you function at your best.

What do they do?

Healing is a fascinating process which is generally very poorly understood. Although it may be tempting to believe that we can heal other people, it is of utmost importance to realize that all healing is self-healing. The body has an extraordinary intelligence and ability to heal itself and reflexology and energy healing are tools for awakening this intelligence for the body to self-heal!

By signing this form, I give my consent to this reflexology or energy healing session. I understand that I may discontinue a 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 sessions I am having, and whether or not I intend to discontinue any treatment or therapy which has been previously ordered, prescribed or recommended by the 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.

Client's Signature: _____

Date: _____

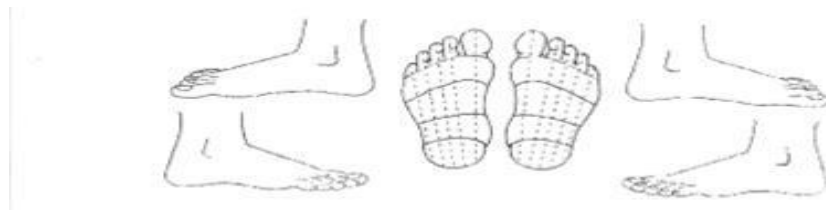
Printed Name: _____

Reflexologist/Therapist Use Only

Notes:

(1) Slightly tender (2) tender (3) Very tender (4) Intolerable pain

(C) Congested/ Crystallized area (S) Swollen/Puffy (T) Tight/Taut (CL) Calloused



Left

Right

HEALTHY LIFE CHIROPRACTIC STATEMENT OF OFFICE POLICIES

Welcome to Healthy Life Chiropractic. Please read and sign this policy statement below. Our staff will be happy to assist you with any questions or concerns you may have. We believe that a clear definition of our office policies will allow you, the patient, and Healthy Life Chiropractic to concentrate on the big issue—**REGAINING AND MAINTAINING YOUR HEALTH.**

MASSAGE/REFLEXOLOGY APPOINTMENT CANCELLATION POLICY AND APPOINTMENT REMINDERS:

Appointments have been scheduled for your convenience. Children are not allowed to be in the room during your appointment. **We require a 12 hour notice for any canceled or re-scheduled appointments. Failure to show for an appointment without notification will result in a \$40.00 charge payable by YOU, not your insurance company. Our office utilizes email and text to remind you of upcoming appointments for Massage and Reflexology.**

NUTRITIONAL BODY SCAN APPOINTMENT CANCELLATION POLICY AND APPOINTMENT REMINDERS:

Appointments have been scheduled for your convenience. Children are not allowed to be in the room during your appointment. **We require a 12 hour notice for any canceled or re-scheduled appointments. Failure to show for an appointment without notification will result in a \$40.00 charge payable by YOU, not your insurance company. Our office utilizes email and text to remind you of upcoming Nutritional appointments.**

IONIC FOOT BATH APPOINTMENT CANCELLATION POLICY AND APPOINTMENT REMINDERS:

Appointments have been scheduled for your convenience. **We require a 4 hour notice for any canceled or re-scheduled appointments. Failure to show for an appointment without notification will result in a \$20.00 charge payable by YOU, not your insurance company. Our office utilizes email, text and phone to remind you of upcoming Ionic Foot Bath appointments.**

PRODUCTS SOLD IN THE OFFICE: All products that are sold in the office have a **NO RETURN POLICY.** (Supplements, Pillows, Oils, Back Supports, Bio-Freeze, Neck Collars, Foam Rollers & Sandals.) Orthotic can be return to the company under Foot Levelers guide lines.

APPOINTMENT REMINDER: Healthy Life Chiropractic uses the Demand force program for our patient reminders and newsletters. You will receive a welcome letter via text message and or e-mail for you to opt-in or opt-out. If you choose to opt-out you will not be able to receive appointment reminders. **Please remember this can result in a \$40.00 NO SHOW FEE if you opt-out and do not show up for your appointments.**

FINANCIAL RESPONSIBILITY WITH AND WITH OUT INSURANCE:

Charges for treatment are due at the time the service is provided or a product is ordered.

STATEMENTS:

In an effort to reduce healthcare costs, it is the policy of HLC to mail as few statements as possible. HLC will email statements to the email address on file, if email is not available it will be sent postal mail. If a patient balance (due from patient) is incurred, responsible parties are encouraged to mail the payment directly to HLC upon receiving their statements. If 30 days after the generation of the first statement it is necessary for HLC to mail a second statement because no payment has been received an interest charge of a flat 12% of the balance, but not less than \$5.00 will be added to the account. If no payment is received within 10 business days after the mail date of the second statement, the account will be reviewed and turned over to the collection agency. **ALL ACCOUNTS TURNED OVER TO THE COLLECTION AGENCY WILL ALSO BE RESPONSIBLE FOR THE COLLECTIONS AGENCY FEES OF 35% OF THE BALANCE OWED.**

RETURNED CHECKS:

There will be a **\$35.00 fee** imposed for all checks returned to this office. All returned check must be taken care of within 10 days of receipt. Any unpaid amounts after 10 days will be referred to our collection agency unless specific payment arrangements have been made with our staff.

I, the undersigned, have read the Statement of Office Policies (above) and I agree to abide by these policies.

Patient name (Printed): _____

Patient or Guardian Signature: _____ Date: ____ / ____ / ____

Pt. #: _____