

Reflexology consultation form

Therapist name: _____

Your name: _____

Have you had a reflexology treatment before?

☐ Yes ☐ No

Do you have or have you had any of the following? (Tick all that apply)

- ☐ High blood pressure ☐ Diabetes ☐ Heart disease ☐ Cancer (current or past)
- ☐ Blood clotting issues ☐ Recent surgery (within the past 6 months)
- ☐ Neuropathy ☐ Foot conditions (e.g., fungal infection, fractures)

Any known allergies or skin sensitivities?

☐ Yes ☐ No If yes, please list: _____

Are you taking any medications?

☐ Yes ☐ No If yes, please list: _____

Are you currently pregnant?

☐ Yes ☐ No If yes, please provide details (weeks or delivery date): _____

Consent & waiver

I confirm that I have provided accurate and complete information about my health. I understand that reflexology may have some risks, including but not limited to temporary soreness, sensitivity, or mild swelling, and that I must follow any aftercare instructions provided by my therapist.

I understand that I can stop or refuse treatment at any time and will inform the therapist if I feel any discomfort during the session. I acknowledge that this treatment is not a substitute for medical care.

Waiver of liability

Urban's role is solely to connect me with an independent therapist, and my contract is directly with them. I release Urban and the therapist, to the extent permitted by law, from any liability related to this session.

Date: _____

Client signature: _____