

Footprints to Wellness, LLC.

Client Intake Form

Please complete the intake form as thoroughly as possible. All information is completely confidential and will greatly enhance the work we are able to accomplish together.

Name	Today's Date
Address	Email
City, State, Zip	Telephone
Date of Birth	Method of correspondence ___ email ___ mail ___ newsletter
Occupation	Where did you hear about me?
Emergency Contact (name & phone)	
Married ___ Separated ___ Divorced ___ Widowed ___ Single ___ Domestic Partner ___	
Live With: Spouse ___ Partner ___ Parents ___ Children ___ Friends ___ Alone ___	

1. How would you rate the current state of your health: Excellent ___ Good ___ Fair ___ Poor ___

2. Are you currently under a doctor's care? If so, explain:

3. For women, are you pregnant? Yes/No If yes, how far along? _____

4. List other therapies besides conventional medicine or chiropractics in which you are currently participating:

5. Are you taking any medication? Yes/No If so, what?

6. List previous major illnesses, accidents, surgeries or broken bones:

7. Are you experiencing any problems with your feet? If so, explain:

8. Where is tension most evident in your body? _____

9. Have you experienced Reflexology or Reiki before? If so, when?

10. Do you have any specific goals for our session? _____
