



1402 Yorkshire Drive
Decatur, IN 46733
260-724-7700
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Salon & Wellness Spa

Reflexology Personal Data Information

Name: _____
Street Address: _____
City/State/Zip: _____
Occupation/Employer: _____
Birthday: _____

Date: _____
Day Phone: _____
Evening Phone: _____
Alternate/Cell Phone: _____
Emergency Contact: _____
Emergency Phone: _____

Current Medications & Medical Conditions:

Reflexology

Have you ever had a reflexology session before? Yes ___ No ___

Are you pregnant? Yes ___ No ___

*If you are pregnant, a written referral is requested from you primary care provider.

It is my choice to receive reflexology. I realize that the treatment is given for the well-being of my body and mind. This includes stress reduction, relief from muscular tension, spasm or pain, or for increasing circulation or energy flow. I agree to communicate with my practitioner any time I feel like my well-being is being compromised. Reflexology does not require that I remove any clothes.

I understand that massage practitioners do not diagnose illness, disease, or any physical or mental disorder, nor do they prescribe medical treatment, pharmaceuticals, or perform spinal thrust manipulations. I acknowledge that massage is not a substitute for medical examination or diagnosis, and that it is recommended that I see a primary health provider for that service.

I have stated all medical conditions that I am aware of and will update the massage practitioner of any changes in my health status.

Signature: _____

Date: _____