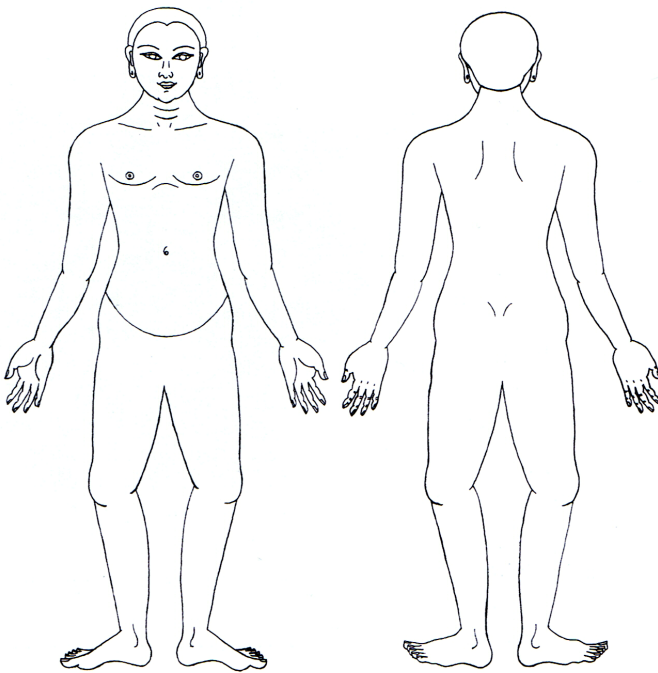




# Thai Reflexology and Foot Massage Health Questionnaire

Name:
Phone:
Email:

Please circle your areas of tension on the drawing below:



Please indicate below if you have any health conditions of which your practitioner should be aware:

- Muscle Tension or soreness \_\_ Yes \_\_ No
- Trouble Sleeping \_\_ Yes \_\_ No
- Anxiety or Stress \_\_ Yes \_\_ No
- Restless Legs or Aching Legs \_\_ Yes \_\_ No
- Arthritis \_\_ Yes \_\_ No
- Headaches \_\_ Yes \_\_ No
- Inflammation or recent injuries \_\_ Yes \_\_ No
- Open cuts, wounds or burns \_\_ Yes \_\_ No
- Varicose Veins \_\_ Yes \_\_ No
- Allergies \_\_ Yes \_\_ No  
Specify: \_\_\_\_\_
- Any physical or mental medical conditions? \_\_ Yes \_\_ No  
Specify: \_\_\_\_\_
- Do you have any foot conditions? \_\_ Yes \_\_ No  
Specify: \_\_\_\_\_
- Are you pregnant? \_\_ Yes \_\_ No  
Since when? \_\_\_\_\_
- Are you currently under the care of a physician? \_\_ Yes \_\_ No
- Are you taking any medication/s? \_\_ Yes \_\_ No  
Specify: \_\_\_\_\_

Do you have any movement restriction to be respected ?  
\_\_ Yes \_\_ No

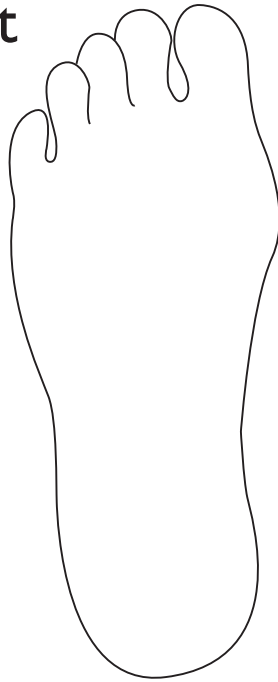
If you checked yes above please describe:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date:                    /                    /	Signature:
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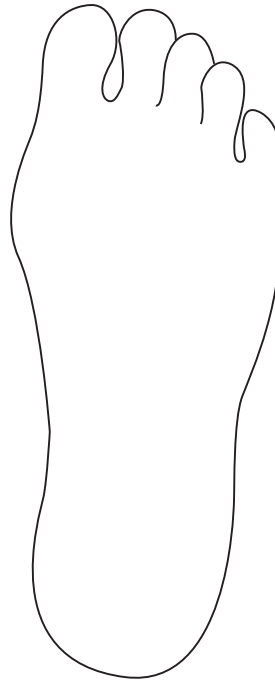
**DISCLAIMER:** Thai Reflexology and Foot Massage is a holistic approach and not meant to diagnose or treat any illness, disease or any other physical or mental disorder, injury or condition. If you have a specific medical condition or symptom, receiving or performing massage may be contraindicated or require modification. A referral from your primary care provider may be requested prior to receiving and/or performing massage. Lotus Palm will not be held liable for any injury or similar condition that arises from the application of massage.

Please circle your areas of tension on the drawing below:

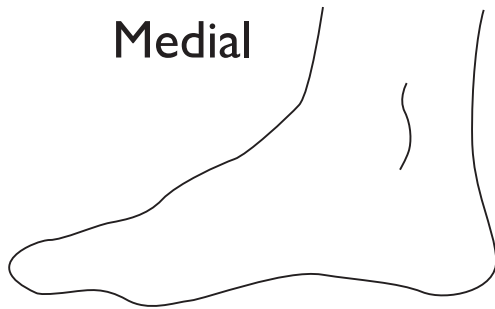
**Right Foot**



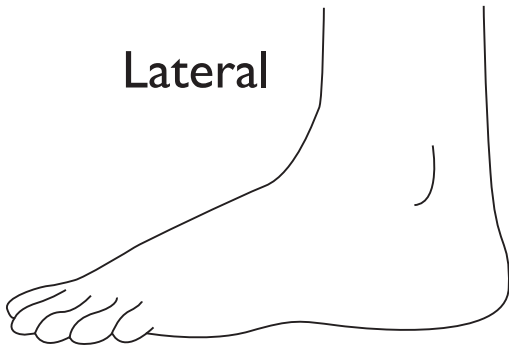
**Left Foot**



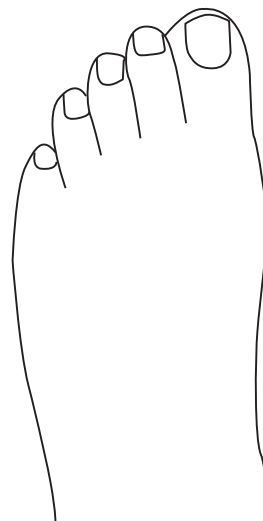
**Medial**



**Lateral**



**Top  
Left Foot**



**Top  
Right Foot**

