



Welcome to "JAN'S - Nurture by Nature"

Name _____ Mr / Mrs / Miss/ Ms
 Address _____
 Phone No Home _____ Work _____ Mobile _____
 Age _____ DOB _____ Profession _____
 Children? Y/N H/many? _____ Pregnant Yes / No
 Who recommended you to this practice? _____
 Have you previously had Reflexology / Massage? Last treatment _____

Reason for treatment /major complaint _____
 Other complaints _____
 Have you had a similar condition before _____
 What are you looking to benefit from this appointment? _____
 Are you taking any medication? _____
 Surgical operations and years _____

Do you eat regular meals Y/N smoke Y/N h/many? Drink if so h/many?
 Motor Vehicle accident Y /N Personal Injury / accident Y/N

Major illness you have had _____

	Y/N		Y/N		Y/N
Heart problems		Neck		Digestive problems	
Osteoporosis		Mid Back		Dermatitis	
History of Cancer		Low Back		Eczema	
Thrombosis/DVT		Stiff joints		Psoriasis	
Diabetes		Sore Arms		Allergies	
Kidney Problems		Sore Legs		Hay fever	
Cold hands/feet		Pins and Needles		Lungs	
Veins		Migraine		Asthma	
Cellulite		Headaches		Sleep Disorders	
Stress		Depression		Anxiety	
If any of these, how long have they existed?					

Anything else you may think is relevant _____

*In the future I would like to send out a quarterly newsletter, keeping you up to date with my practice.
 Therefore if you want to be included in list.....I will need your Email address ☺*

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Signature _____ Date _____

Thank you for your time in filling out this form..... Jan

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