



*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 ☺*

.....

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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