Reflexology Session

289-338-8823

CLIENT CONSENT for Collection of Personal Information, Services and WAIVER of Liability & HEALTH HISTORY

Name(print)_____Telephone_____

Address_____

Emergency Contact (Name)_____ __(Mobile)_____

I am considered by law to be an adult. I have reached the age of majority (19 years): Yes ❒ No ❒

I, (signature) _____ on (date)_____
certify that I am presenting myself here and under my true legal name, address, and emergency contact information in order to receive one-on one reflexology session(s) for myself only, or for a dependant of whom I am the parent, legal guardian or power of attorney.

CONSENT to Collect and Maintain PERSONAL INFORMATION

I, hereby acknowledge and allow Tip + Toe Nailcare and Reflexology to collect and maintain a file of personal information and information gathered during our session(s) for the sole purpose of evaluating and supporting my health and wellness. This personal information includes but is not limited to a health history and emergency contact number. This information will only be shared with my written authorization.

Signature_____ Date_____

CONSENT for SERVICE

I acknowledge and understand that Tip + Toe Nailcare and Reflexology provide holistic Reflexology sessions for the purpose of enhancing relaxation. These sessions are complementary to, and do not replace, the treatment and/or therapy prescribed by a licensed medical professional.

I acknowledge and understand that Reflexology is a one-on-one, non-invasive, hands-on therapy using gentle to moderate finger pressure to stimulate reflex points on the feet and/or hands. The reflex points correspond to organs, glands and various parts of the body. Techniques include finger walking, thumb walking, sliding, and rotating and pivoting on reflex points. Stimulation of the reflex points on the feet and/or hands is said to help self-regulate the body and encourage the body to move towards balance and better function. I will remain fully dressed, apart from removing my socks and shoes for foot Reflexology.

I acknowledge and understand when the physical body begins to relax, the by-products of stress begin to be released. As we are all unique individuals, this release can be felt in many ways. During a release, sensations or emotions are often felt. Common sensations can include but are not exclusive to having sensitivity in the area being worked on, feeling cold or hot, energized or mellow, nauseous, and in some cases nothing at all. Emotions can include but are not exclusive to sadness, anger, frustration, or impatience.

I acknowledge and understand at the end of the session and for the next few days, I need to increase my water intake as water is required to both break down and to flush the by-products of stress.

I acknowledge and understand that Reflexology has Contraindications which include extreme swelling of extremities, untreated heart conditions, phlebitis, deep vein thrombosis (DVT), untreated blood pressure conditions, and the first trimester of pregnancy.

• I do not have any of the above-mentioned contraindications and I agree to allow Tip + Toe Nailcare and Reflexology and by extension its practitioner to provide the service of Reflexology on my feet and/or hands.

Yes ❒ Initial for Consent_____ No ❒

• I have varicose veins and/or an injury to my feet/hands which may include a strain, sprain, ulcer, rash, infection or severe neuropathy and I am requesting a modified session.

Yes ❒ Condition_____ Initial _____ N/A ❒

I agree and allow Tip + Toe Nailcare and Reflexology and by extension its practitioner to provide the service of Reflexology.

Signature_____ Date_____

WAIVER of LIABILITY

By signing below I acknowledge, understand and agree:

• Tip + Toe Nailcare and Reflexology and by extension its practitioner do not diagnose, prescribe medications or supplements, and/or provide treatment for specific conditions. The practitioner is not a licensed medical professional.

• The sessions provided by Tip + Toe Nailcare and Reflexology are intended to promote relaxation and an overall sense of well-being.

• Tip + Toe Nailcare and Reflexology and by extension its practitioner will never ask me to change or stop any allopathic prescription medications.

• To seek medical attention if told to do so by Tip + Toe Nailcare and Reflexology and by extension its practitioner.

• It is my responsibility to notify Tip + Toe Nailcare and Reflexology and by extension its practitioner of all known contraindications that may preclude the use of reflexology or any other indications such as an injury which may require a modified session. I acknowledge and understand that there shall be no liability on the part of Tip + Toe Nailcare and Reflexology and/or its practitioner should I neglect or forget to do so.

• It is my responsibility to notify Tip + Toe Nailcare and Reflexology and by extension its practitioner of any changes to my health including by not exclusive to changes to medications and/or supplements as well as new diagnoses, treatments and/or hospitalizations and/or traumas. I acknowledge and understand there shall be no liability on the part of Tip + Toe Nailcare and Reflexology and/or its practitioner should I forget or neglect to do so.

• If I experience any unwanted pain or discomfort which could be mental, physical or emotional during the session, I will immediately inform the Tip + Toe Nailcare and Reflexology practitioner, and the session will be stopped. Once stopped I will decide on my level of comfort with a modified session or whether the session should be terminated. I am responsible for my own well-being and will not hold Tip + Toe Nailcare and Reflexology and/or its practitioner responsible for any pain or discomfort during or after the session.

• There are no guarantees as to the results from a single session or multiple sessions.

• Tip + Toe Nailcare and Reflexology reserve the right to refuse to provide a session or discontinue a session for any reason at any time. Under these circumstances no fee shall be charged.

• If I am late, the overall session length will be shorted as the appointment time is considered to be the start time of the session.

• Sessions will be paid at the time of service.

• I may discontinue a session or sessions at any time.

• If a session has been physically started and I discontinue the session within the first 20 minutes, one half of the service fee for the scheduled service will be charged.

• Any pre-paid sessions which cannot be honoured by Tip + Toe Nailcare and Reflexology and/or its practitioner will be reimbursed.

By signing below, I also hereby waive and release Tip + Toe Nailcare and Reflexology and/or its practitioner from any and all liability, past, present and future relating to any sessions received.

Signature_____ Date_____

HEALTH HISTORY

Name of client (please print): _____

Occupation_____D.O.B_____

How are you feeling right now?: _____

Reason for the session: _____

Blood pressure: normal ❒ high ❒ low ❒ irregular ❒ Also choose: treated ❒ untreated ❒

Disease, Injury, Trauma: _____

_____

Medications, Supplements: _____

_____

Allergy to Medications: _____

Physical Activity: Hours per week_____ Water Consumption: Glasses per day_____

Anything else you would like to add that you feel may be relevant: _____

I, the undersigned, have been both truthful and thorough in my responses and I am responsible for providing updates to the information at the beginning of each session. Tip + Toe Nailcare and Reflexology and/or its practitioner shall not be held liable should I forget or neglect to provide pertinent information regarding my health.

Signature_____ Date_____