Natural Heeling Reflexology

CONFIDENTIAL HEALTH RECORD

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best number to reach you \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

 (MONTH) (DAY)

Please describe any current health problems you may have: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Goals or expectations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever had surgery? \_\_\_\_\_\_\_\_\_\_ For what? When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever had an accident or serious illness?\_\_\_\_\_\_ If yes, what was it? When did you have it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a diabetic?\_\_\_\_\_\_Do you have hypoglycemia? \_\_\_\_\_\_ Do you have headaches? \_\_\_\_\_\_\_\_\_ Do you sleep well?\_\_\_\_\_\_\_\_\_\_\_\_ Do you have a heart condition? \_\_\_\_\_\_\_\_\_\_\_\_ If so, what is it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How is your blood pressure? NORMAL / HIGH / LOW

Do you have allergies or sinus conditions?\_\_\_\_\_\_\_ if so, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Do you have any skin conditions? (i.e eczema, psoriasis, fungus, warts) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do you have any joint problems? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Earaches/ringing ears? \_\_\_\_\_\_\_\_\_\_\_Respiratory issues? (asthma, chronic cough, bronchitis) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Digestive issues? (IBS/Colitis, bloating/gas, poor digestion) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Have you ever suffered from epilepsy or a concussion? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dizziness?\_\_\_\_\_\_\_\_\_Do you suffer from anxiety or depression? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are there any areas which you would like me to pay special attention to? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |

Is there anything else about your health you would like to disclose? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cancellation / No Show Fee**

Your appointment time has been reserved for you. In courtesy of your practitioner, I ask that you provide me with 24 hours notice of cancellation, or a cancellation fee will be charged. If you do not show up for your scheduled appointment you will be expected to pay the full fee for the missed appointment time.

I hereby attest to the truth contained in the above and voluntarily agree to one or more Reflexology/IHM/Lymph Release Technique treatments. I fully understand that the aforementioned modalities are not meant to substitute as treatment for any medical condition; and I render Helga Feichtinger harmless with respect to any effects or experiences as a result of any current and future treatments.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ dated on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Natural Heeling Reflexology
7986 Arthur Street, Crofton, BC

PRE-SCREENING FORM –COVID-19

1. Have you or anyone in your household been outside of the province/territory in the last two weeks?

□ Yes

□ No

1. Are you exhibiting any of the following symptoms (Check all that apply):

□ Cough

□ Fever

□ Loss of smell and/or taste

□ Runny nose

□ Shortness of breath

□ Sore Throat

□ None

1. Have you been in contact with anyone who is exhibiting any of the symptoms listed above?

□ Yes

□ No

1. Have you, or anyone you have been in contact with, been diagnosed with COVID-19?

□ Yes

□ No

I understand that the treatment will be cancelled immediately if the patient does not meet the pre-screening criteria upon physical presentation at the clinic.

I understand that while the reflexologist is following all of the health and safety guidelines outlined by the Provincial Health Officer and they are taking all reasonable precautions to mitigate risk, there are no guarantees that I may not come into contact with COVID-19.

By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive reflexology or massage.

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NAME DATE

Procedures & Protocols

Pre-screening:

All clients must honestly complete the COVID-19 self-assessment before each appointment. If clients have travelled outside of BC they must wait a minimum of 14 days before scheduling an appointment. If clients have been in contact with someone who tested positive for COVID-19 they cannot be treated until 14 days after the last interaction with the infected individual. Treatment will be delivered at the client’s own risk. Please understand that I’ve taken measures to minimize viral transmission, but a risk is always a concern with current circumstances.

Physical distancing:

Clients are asked to arrive 5 minutes before the start of their appointment, alone and with only essential belongings. Clients are requested to please leave all non-essential items in their car or other safe space, to reduce possible surface transmission of COVID-19

All clients must wait until I’ve opened the door to ensure that the patient before has left and I’m able to sanitize prior to you entering. It’s important to keep a 6ft distance - however treatment itself can not accommodate this distance, please distance yourself during all other interaction.

Hygiene protocol:

Clients must wash their hands and/or use hand sanitizer upon arrive to their appointment as well as before leaving their appointment. (Sanitizer will be provided once you arrive) - Masks will not be mandatory - although they can be used upon your request. (Please bring your own if you feel comfortable wearing one). Masks may be required in certain circumstances (Example: if you’re experiencing known seasonal allergies) - As a Practitioner, I will be washing my hands before/after any contact, before/after cleaning, and any other time deemed necessary. Gloves will be worn by myself for some treatments.

Payment:

Cash/cheques will be accepted, as will e-transfers.