Reflexology notice

TO THE CLIENTS OF REFLEXOLOGY

You need to know that:

1. I am not a medical doctor.

2. I do not practice medicine

3. I do not diagnose or treat any specific illness.

4. I do not prescribe or adjust medications.

What is reflexology? Reflexologists believe that the entire body is reflected on the ears, feet and hands. Ear, foot and hand reflexology is a scientific art based on the premise that there are zones and reflex areas in the feet and hands that correspond to all body parts. Ear reflexology is based on a similar principal. The physical act of applying specific pressures using thumb, finger and hand techniques result in stress reduction that causes physiological changes in the body. A primary benefit of reflexology can be relaxation. Relaxation through reflexology may help the body to balance any kind of stress it is experiencing.

What does reflexology do?

1. Reflexology promotes balance and normalization of the body naturally;

2. Reflexology reduces stress and brings about relaxation; and

3. Reflexology improves circulation and the delivery of oxygen and nutrients to the cells.

I also understand that Reflexology should not be considered a substitute for medical examination, diagnosis or treatment and I agree to seek qualified medical care for any mental or physical illness that I am experiencing.

By signing this form, I give my consent to this reflexology session. I understand I may discontinue the session at any time. If I have been diagnosed by a licensed health professional as having any disease, injury or other physical or mental condition, I understand that I should inform the person who made the diagnosis about the reflexology sessions I will be receiving, and whether or not I intend to discontinue any treatment or therapy which has been previously ordered, prescribed or recommended by a licensed health professional. I understand that by discontinuing any such treatment or therapy, I assume responsibility for any negative outcome resulting from discontinuing that treatment or therapy.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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