



Alist Wellness Center LLC

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REFLEXOLOGY CLIENT REGISTRATION INFORMATION

To serve you properly, we will need the following information. **(Please print)**

Last name _____ First name _____ M / F _____ Date Birth _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Cell phone _____ Email _____

Employer _____ Your occupation _____ Work phone _____

Present Ailments _____

Operations / Injuries/ Surgery (year/type) _____

Are you currently under the care of a Medica Doctor or other Alternative Health Care Provider? Y _____ No _____

Are you receiving any therapy? If so, please explain _____

Major complaint or reason for your visit? _____

List any medical conditions for which you are currently being treated or have being treated for within the last two years _____

Have you ever received reflexology sessions in the past? Yes _____ When _____ No _____

How did you hear about us? Search Engine _____ Referral _____ Other _____

*realize that a Reflexologist is not a doctor, and cannot prescribe, diagnose, or treat for a specific condition.
Reflexology relieves tension which in turn helps to improve nerve and blood supply and to normalize the body.*

Date _____ Signature _____

This facility does not claim to cure or treat any condition or disease