Sunshine Holistic Therapies Reflexology Consultation form

Name –

Address

Date of Birth –

Contact Number

Email address

Health issues – Diabetes, seizures, problems with the nervous system, mobility problems,

Hearing disorders, eye sight difficulties

Medication –

Any allergies

Females is there a chance that you could be pregnant

Stress Levels –

Diet/ Lifestyle

Alcohol intake

I give consent to Sunshine Holistic Therapies to store my information as in accordance with the GPDR

Signed

Date