



BRIEF EXTRACT of CASE HISTORY FORM

Please find time to let us know of any good result(s) with Classical Reflexology as this will help our research and some of these details can be shared in future reports by Research Forum, or held on a Research data base.

Please send this form back. You need only write a few lines but we may contact you at later date if a little more information is required especially if the details are to go into an article/ publication for Reflexology Research. Very occasionally we are asked by journalists, professional bodies or the medical profession to quote a case history. Please indicate below how you wish to be quoted - it can be anonymous if you wish. Thank you.

Please List the following:

Condition treated:

Describe brief Profile and Medical History of client including duration of condition/ illness?

Client: Male _____ Female _____ Age: _____

No. of Reflexology treatments: _____

Aim of Treatment:

Result:

Any contraindications/ cautions observed:

Other comments in Reflective Practice:

Name: **Tel:**

Address: **E-mail:**

NRRI Membership No. (if applicable)

Are you willing to have this case history collated on research data base/ quoted? Yes ___ No ___

If so, do you wish to be quoted by: Name ___ Initials ___ Anonymously ___

(Please tick beside relevant answers)

Please send Results to:

NRRI Research Forum

26B Terryland House, Headford Road, Galway

Contact: Tel: 091-547688 / E-mail: info@nationalreflexology.ie