Confidential Client Information & Health History

PLEASE FILL OUT CLEARLY AND COMPLETELY

Manual Lymphatic Drainage

General Information

First Name: _____	Date of Birth _____/_____/_____
Last Name: _____	Cell Phone: (_____)_____
Address: _____ Apt: _____	☐ ***Opt-in your cell phone to receive Appointment Reminders***
City: _____ State: _____ Zip:_____	Gender *(circle one)*: Male OR Female
Emergency Contact Name: _____	How'd you hear about us? *(So, we can give credit)*
Relationship: _____	Name: _____
Phone: (_____)_____	
Physician/Surgeon: _____	Email: _____
Phone: (_____)_____	

Health History

Before treatment begins, it is very important that any recent or chronic medical conditions and any medications you may be taking be discussed. If you have any of these conditions, it may preclude you from receiving your bodywork, so please be honest and update me regularly of any medical changes.

Have you ever or are you currently experiencing any of the following?		
	Yes	No
Heart Failure	☐	☐
Liver Failure	☐	☐
Kidney Failure	☐	☐
Blood Clots *Unmanaged in the last 2 years	☐	☐
Cancer (what kind) _____	☐	☐
High Risk Pregnancy	☐	☐
Fever	☐	☐
Pain	☐	☐
Infections	☐	☐
Open Wounds	☐	☐
Unidentified Rashes or Lumps on Your Body	☐	☐

If you answered Yes, please explain further:

_____

_____

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Treatment Plan

**Please Note: Some conditions will require a note from your doctor before proceeding. Please understand this is for your safety and well-being. Your health is important to me.*

1. Why are you seeking Manual Lymphatic Drainage? _____
_____

2. What do you hope to accomplish? _____
_____

3. Are you currently taking any medication? _____
_____

4. Describe any major injuries, accidents, surgeries, or hospitalizations (include year of event):
_____
_____

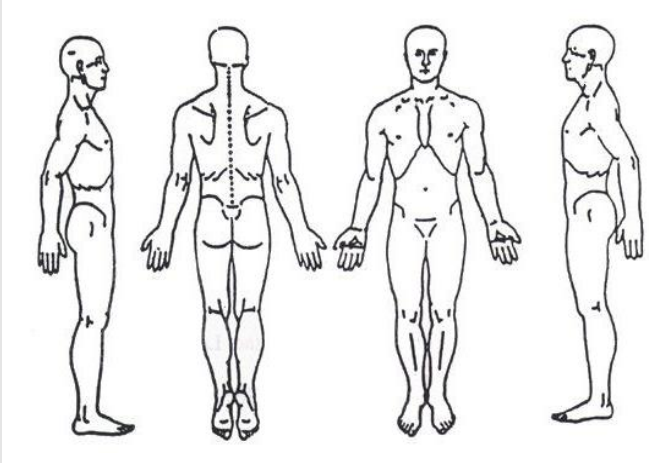
5. What kind of care did you receive? _____
_____

6. Do you consider yourself recovered from these events? Please explain: _____
_____

7. Do you have any skin allergies? _____

8. Are you currently seeing a doctor or alternative therapist for any reason? Please explain:
_____
_____

In order to create the most beneficial session, please circle all affected areas and on the following page, mark all current and previous conditions that apply.



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General		Female Reproductive	
Fever	☐	Currently pregnant	☐
Undergoing cancer treatment	☐	Currently menstruating	☐
Last chemotherapy session	☐	Fibrocystic breast disease	☐
Arteriosclerosis	☐	IUD	☐
Carotid sinus issues	☐	Other:	☐
Hyperthyroidism	☐	Musculoskeletal	
Liver Cirrhosis	☐	Osteoporosis	☐
Weight Gain	☐	Osteoarthritis	☐
Other:	☐	Hernia	☐
Ears, Nose, Throat		Rheumatoid arthritis	☐
Ringing in ears	☐	Other:	☐
Sinus problems	☐	**Skin**	
Earaches	☐	Cellulitis	☐
Other:	☐	Rash	☐
Cardiovascular		Major scars	☐
Chest pain or pressure	☐	Lumps	☐
Swelling of legs	☐	Other:	☐
Palpitations	☐	**Hematologic/ Lymphatic**	
Varicose veins	☐	Cuts that do not stop bleeding	☐
Dizziness	☐	Enlarged lymph nodes (glands)	☐
Acute deep vein thrombosis	☐	Lymph nodes removed	☐
Congestive heart failure	☐	Frequent bruising	☐
Heart attack	☐	HIV/AIDS:	☐
High/Low blood pressure	☐	Other:	☐
Aneurysm	☐	**Neurological**	
Cardiac arrhythmia	☐	Strokes	☐
Other:	☐	Seizures	☐
Gastro-Intestinal		Autism	☐
Crohn's disease	☐	Other:	☐
Abdominal pain	☐	**Allergies**	
Surgical implant(mesh or other)	☐	Ear fullness	☐
GI inflammation	☐	Sinus congestion	☐
Diverticulitis/Diverticulosis	☐	Recent sinus surgery	☐
Other:	☐	Other:	☐
Urinary		**Emotional**	
Kidney failure	☐	Stress	☐
Kidney stones	☐	Anxiety	☐
Urinary tract infection	☐	Difficulty sleeping	☐
Dialysis	☐	Depression	☐
Other:	☐	Other:	☐

Please provide more details to any symptoms you have:

_____

Describe any treatments you have already received for your current condition (including Doctor Appointments, PT, Massage, Medications, Surgeries, etc.):

_____

Please describe any other information (medical or other) not mentioned thus far on the form that you feel is important for your therapist to know:

_____

_____

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Please read the following statement carefully, then sign below:

I acknowledge the Manual Lymphatic Drainage I receive is provided for the basic purpose of improving the flow of my lymphatic system. If I experience any pain or discomfort during this session, I will immediately inform the therapist so the pressure, strokes, or position may be adjusted to my level of comfort. I will inform the therapist if I require the session to end prematurely and agree to provide full payment of the scheduled session, including travel fees if applicable.

I further understand any bodywork I receive is not a substitute for medical examination and/or diagnosis and that it is recommended that I see a physician for any physical ailment I may have. I have stated all known medical conditions and take it upon myself to keep the therapist updated on my physical and mental health. I understand that there shall be no liability on the practitioner's part should I fail to do so.

I acknowledge any illicit or sexually aggressive remarks or advances made by me will result in immediate termination of the session, and I will be liable for full payment of scheduled appointment, including travel fees if applicable.

I acknowledge payment is due at the time of treatment. I agree to give at least 24 hours' notice of appointment cancellation. I acknowledge if the cancelation is less than 24 hours before the appointment, half the amount may be charged. I understand if I do not contact the therapist, I will be charged the full cost of the appointment, including travel fees if applicable. Emergency situations or weather-related instances are considered exceptions.

I hereby release Somatic Massage Therapy PC, its affiliates, and/or employees from any liability in the aforementioned. I have carefully read and understand all of the above and I have answered all questions fully and accurately.

Client signature:_____ **Date:**_____

Note:

Manual Lymphatic Drainage (MLD) is a very powerful modality and certain medical conditions may determine if and when you can receive a session. After the consultation and review of the information you have provided on this form, it will be determined if MLD should be administered to you.

I ask about specific conditions to ensure that receiving a session will not pose any risk to either you or the therapist. Bodywork can have a powerful effect on our bodies, even if it's just for "relaxation". Some conditions benefit from specific types of bodywork while other may be exacerbated by local and systemic effects. I thank you for your cooperation and hope you enjoy your session.