



# Manual Lymphatic Drainage

WELCOME! I would like to make your appointment as pleasant and comfortable as possible. If at any time you have questions regarding your session, please let me know.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of birth \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Have you ever received Manual Lymphatic Drainage? Yes No

Type of massage experienced (Swedish, Shiatsu, Deep Tissue, etc.)

Are you currently taking any medications? Yes No

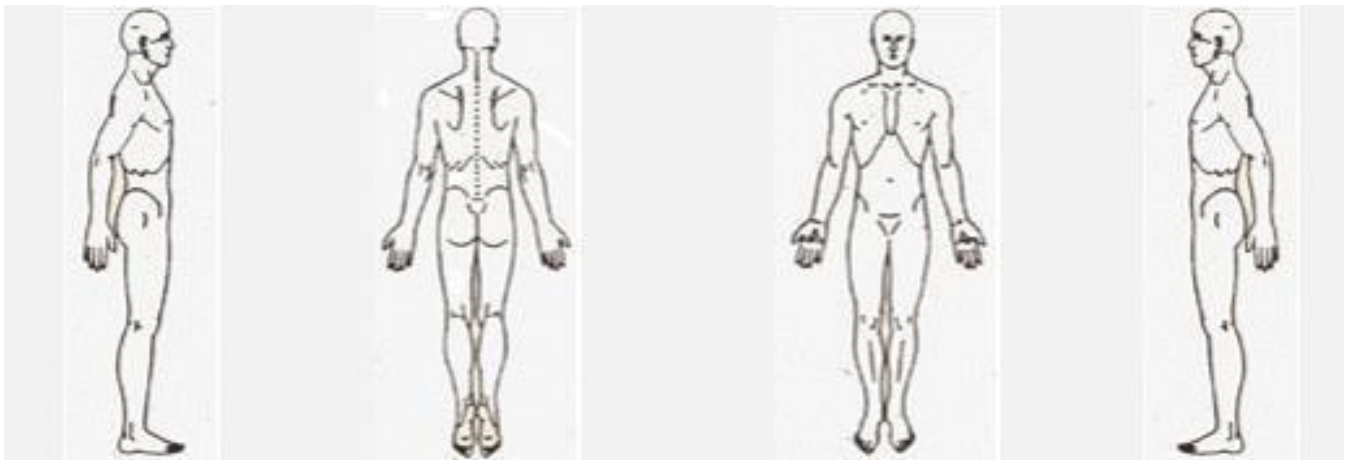
If yes, please list name and reason for medications:

Please review this list below and circle those conditions that have affected your health either recently or in the past.

Arthritis	Diabetes	Blood Clots	Broken/dislocated Bones
Bruise Easily	Cancer	Chronic Pain	Constipation/Diarrhea
Auto-Immune Condition	Hepatitis A,B,C, other	Skin Conditions	Stroke
Surgery TMJ	Depression	Panic Disorder	Psych Condition
Diverticulitis	Headaches	Heart Condition	Back Problem
High Blood Pressure	Insomnia	Muscle Strain/Sprain	Pregnancy
Scoliosis	Whiplash	Chemical Dependency	Aids
Chronic Fatigue	Lupus	Fibromyalgia	

If any of the above needs to be detailed or if there is anything else to share, please do so:

Please indicate with an (X), if any, the areas in which you are feeling discomfort:



Do you have any of the following today:

skin rash  cold/flu  open cuts  severe pain  
 anything contagious  injuries/bruises

Do you have any allergies to:

medications  foods, tree nuts, etc.  skin care products

If any of the above are checked, please give details:

Are you wearing:  insulin pump  hearing aid  pacemaker  other

It is my choice to receive MLD therapy. Lymphatic Drainage Therapy aims to gently and rhythmically move the lymph through the body, especially swollen areas of the body, relieving pressure and enhancing the functioning of the immune system. As both a preventative and remedial technique, MLD can be used for a wide range of purposes including faster recovery from injury, reduction of swelling and discomfort from pregnancy, and strengthened resistance to illness. I understand that there is no implied or stated guarantee of success or effectiveness of individual techniques or series of appointments. I acknowledge that MLD therapy is not a substitute for medical care, medical examination or diagnosis. I have stated all medical conditions that I am aware of and will inform my practitioner of any changes in my health status.

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