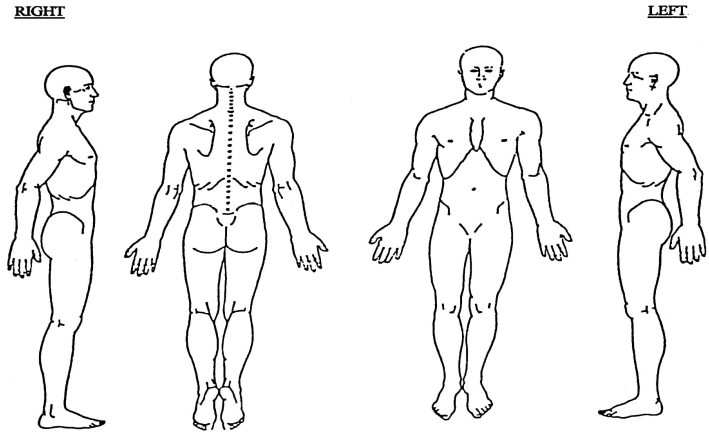
Client Information for Manual Lymphatic Drainage

Name _____ Date _____
Address _____ Referred by _____
City _____ Birth Date _____
Zip _____ Home Phone #_____
Employer_____ Cell Phone # _____
Occupation _____ Emergency Phone # _____
Work Phone # _____ Email _____

Exercise frequency: __Regularly __Sometimes __Never
Stretching frequency: _____
Activities: _____
Special Diet: _____
All allergies: _____

__contact lenses __eyeglasses __dental appliance __pregnant-due_____
__orthopedic device in shoe __hearing aid __pacemaker __breast implants

Areas that require extra attention during your session session today:



Medications _____

_____

All medical conditions & year *(operations, accidents, broken bones, diseases, chronic pain, etc.)*

_____

_____

Are you currently under the care of a health care practitioner? Yes / No May we contact? Yes / No
Physician Name_____ Phone_____
Do you authorize sharing your therapeutic massage records with this medical practitioner? Yes / No

I understand that massage therapy given at Pam Darling Massage is for the purpose of stress reduction, relief from muscular tension or spasm, or for increasing circulation and energy flow. I made the massage therapist aware of all my existing physical conditions and agree to report any changes as they occur. Massage is contraindicated when experiencing any contagious conditions. I agree to have massage therapy and hold the therapist harmless for any problems that may arise as a result of the massage. I may be referred to another health practitioner for issues outside the scope of this massage therapist's practice.

Signature_____ Date_____

(over)

Do you have any of the following?

Acute cellulitis
Untreated congestive heart failure
Acute untreated DVT
Fever

Cardiac Arrhythmia
Hyperthyroidism
Hypersensitivity of carotid sinus
Have (or at risk of) arteriosclerosis

Osteopororis, osteopenia
Bone metasteses
Anti-hormone therapy (Tamoxifen, etc.)

Currently pregnant
Current menstrual period
Recent abdominal surgery (6 months)
Radiation fibrosis, R. colitis, R. cystitis
After pelvic DVT

Crohn's Disease
Diverticulitis, diverticulosis
Liver cirrhosis
Abdominal aortic aneurysm
Implanted devices (drains, tubes, bags, pumps)
Unexplained pain _____

Cancer / removed lymph nodes _____
Kidney disease

Edema/swelling
Whiplash
Hematoma
Fibromyalgia
Chronic Fatigue Syndrome

Rheumatoid Arthritis
Scleroderma
RSD (CRPS)
Anxiety
PTSD

Migraines/sinus headaches
Tinnitus
Cellulite
Lyme Disease
Diabetes

Other:

_____

_____

_____

_____