



Patient Information - Lymphatic Massage Therapy

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

How did you find us? \_\_\_\_\_

Are you currently under the doctor's care? Yes/No If so, why? \_\_\_\_\_

Do you take any medication? If yes, which ones? \_\_\_\_\_

Do you have any allergies towards scented/unscented oils, lotions or creams? Yes/No If yes, please specify \_\_\_\_\_

Cancer: Type? \_\_\_\_\_

Surgeries: Which one and when? \_\_\_\_\_

Please circle if you suffer from any of the following:

Severe Anemia/Asthma/ Allergies/ Diabetes/ Headaches/ Chronic Fatigue/ Aneurysm/ Heart Trouble/ Circulatory/ Respiratory/ High Blood Pressure/ Thrombosis

Pulse rate: \_\_\_\_\_ Blood pressure: Low/Normal/High Cholesterol: Low/Normal/High

If female, are you pregnant? Yes/No If yes, how many weeks? \_\_\_\_\_

Have you ever had a Lymphatic Massage? Yes/No Last series? \_\_\_\_\_

Results? \_\_\_\_\_

Do you use any of the following and how often do you use them?

Cigarettes \_\_\_\_\_ Alcohol \_\_\_\_\_

Do you exercise? Yes/No How often? \_\_\_\_\_

In case of an emergency, whom should we call? Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_

It is my choice to receive Lymphatic Massage. I realize that the treatment is being given for the well-being of my body and mind. This includes stress reduction, relief from muscular tension, detoxification of the body, against cellulite, pain, or for increasing circulation and energy flow. I agree to communicate with my practitioner anytime I feel like my well-being is being compromised. I understand that massage practitioners do not diagnose illness, disease or any physical or mental disorder; nor do they prescribe medical treatments, pharmaceuticals, or perform spinal thrust manipulations. I undersigned, hereby acknowledge that my therapist has not, is not and will not prescribe, (order for use as medicine) for me at any time and I, the undersigned, will not hold them accountable for such.

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

Notes: \_\_\_\_\_  
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