

LYMPH LIGHT

Tustin, CA 92780
www.lymphlight.com

CLIENT INTAKE FORM

CLIENT INFORMATION

Name: _____ Date: _____

DOB: _____ Email: _____

MEDICAL HISTORY

Please check any of the following conditions you have now or have had in the past:

- | | | |
|--|--|---|
| <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Heart Attack | <input type="checkbox"/> Congestive Heart Failure |
| <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Stroke | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Lymph Node Removal | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Skin Infections | <input type="checkbox"/> Head Injury |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Blood Clots | <input type="checkbox"/> Digestive Issues |
| <input type="checkbox"/> Currently Pregnant | <input type="checkbox"/> Overactive Thyroid | <input type="checkbox"/> Joint Replacement |
| <input type="checkbox"/> Cosmetic Surgery / Implants | <input type="checkbox"/> Autoimmune Conditions | <input type="checkbox"/> Lyme Disease |

Explain / list any other conditions and symptoms that concern you: _____

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Please list any major surgeries or traumatic accidents: _____

INFORMED CONSENT

It is my choice to receive bodywork therapy. I am aware of the benefits and risks of this treatment and give my consent for it. I understand that there is no implied or stated guarantee of success or effectiveness of individual techniques or series of appointments. I acknowledge that bodywork 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.

Contraindications for Lymphatic Drainage Therapy that will result in no treatment are (1). Congestive Heart Failure (2). Thrombosis (blood clots) (3). Pacemakers (no lymphstar) (4). Acute Infectious Diseases (5). Relative Contraindications discussed on a case by case basis.

I understand that any methods used at Lymph Light are not being used for diagnosis or cure of disease.

By signing this release, I hereby waive and release Jenna Bradshaw and any of her contractors from any and all liability, past, present, and future relating to bodywork received.

Client Name Printed: _____

Client (Or Guardian) Signature: _____

Date: _____