Manual Lymphatic Drainage Intake Form Name: _____

Pease check any of the following conditions that apply to you, either currently or within the past year:

_____ Cardiac Edema

_____ Congestive Heart failure

_____ Acute Inflammation (Bacterial, fungal, viral)

_____ Acute renal failure

_____ Cardiac arrhythmia

_____ History of stroke Date: _____

_____ Are you pregnant? If yes, how far along? _____

_____ Diverticulosis/diverticulitis

_____ Aortic aneurysm

_____ Recent abdominal surgery Date: _____

_____ Malignancies

_____ Bronchial asthma

_____ Hypertension

_____ Lymph node removal

_____ Hyper/hypothyroidism

_____ Carotid-sinus-syndrome

_____ Dysmenorrhea (painful periods)

_____ Radiation fibrosis/colitis/cystitis

_____ Ileus

_____ Unexplained abdominal pain

_____ Inflammatory condition of the large or small intestine (Ulcerative colitis, Crohn's disease)

_____ Post DVT (abdominal area)

Client Waiver

_____ I understand that the Manual Lymphatic Drainage I receive is provided for the basic purpose of improving the flow of my lymphatic system and also for relaxation.

_____ Because Lymphatic Drainage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions.

_____ I agree to keep to keep the practitioner updated as to any change in my medical profile and I understand that there shall be no liability on the spa or practitioner's part should I fail to do so.

Please Note: Manual Lymphatic Drainage (MLD) is a powerful modality and certain medical conditions are contraindicated. 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 today. Some conditions will require a note from your doctor before proceeding.

I have read and agree to the stated policies:

Signature _____ Date _____