

Manual Lymphatic Drainage Therapy for Post-Cosmetic Surgery Patients
Health Information/Consent Form

Name: _____
 Address: _____
 Cell Phone: _____
 Occupation: _____ Email: _____
 How did you hear about *Massage by Julia*? _____

Yes√ **No**√

_____	Have you had Manual Lymphatic Drainage Therapy (MLD) before?
_____	Name of therapist/spa/office where you had MLD before:
_____	List all of your plastic surgeries, with dates:
_____	Name of your plastic surgeons:
_____	Do you exercise several times per week? Type?
_____	Do you stretch several times per week? # of mins?
_____	Have you had cancer?
_____	Are you currently taking any medications? For what conditions?

Circle if you have:

Frequent headaches	Liver/kidney failure	Arthritis/osteoporosis
High blood pressure/stroke	Clots/phlebitis	Scars that cause pulling/itching
Numbness/tingling/stabbing pain/neuropathy	Other surgeries (shoulder, knee, etc)	Scoliosis/Fibromyalgia
Tension in a specific area Where?	Diabetes	Torn ligaments/tendons

Please use this space to expand any answers from above:

I understand that:

- Manual Lymphatic Drainage (MLD) is a gentle treatment to speed up the movement of lymph fluid to relieve pain & swelling, assist the body's own healing processes, boost immunity, & reduce the chance of scar formation.
- If I develop fibrotic lumps, I understand the therapist will do Myofascial Release (MFR) on those areas.
- Massage therapists/Manual Lymphatic Drainage Therapists are not allowed to pick open scabs/incisions or do "incisional drainage" (painfully pushing fluid outside of the body's incisions) or do seroma needle aspirations.
- I have stated all my known medical conditions & answered all questions honestly.
- The practitioner will keep my health information **confidential**, unless I have given consent to the practitioner to consult with my physician.
- Also, any sexually suggestive remarks or advances made by me will result in immediate termination of the session and I will pay for the session in full.

Late Arrivals: You will receive treatment for the remaining minutes of your appt.

No Shows: You must pay for the appointment you missed.

Sign: _____ **Date:** _____