



# Handcrafted Healing

## Lymphatic Drainage Form

Name \_\_\_\_\_ Phone \_\_\_\_\_

Date of Surgery: \_\_\_\_\_ Age \_\_\_\_\_

Have you had Lymphatic Drainage or any other massages prior to this session? Yes No

If so – When? \_\_\_\_\_ How many? \_\_\_\_\_



Are you on pain killers? Yes No What kind? \_\_\_\_\_ Last taken? \_\_\_\_\_

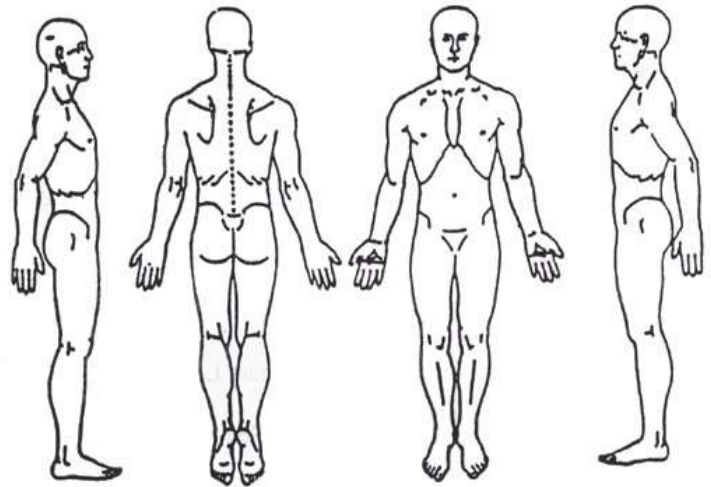
What else are you doing for pain relief? \_\_\_\_\_

Has your Dr limited you to only lay on your front or back? Yes No For How long? \_\_\_\_\_

Have you had previous cosmetic procedures? Yes No When/What \_\_\_\_\_

Mark ALL the procedures you had done:

- Breast Augmentation
- Implant removal
- Liposuction Please circle where 
- Brazilian Butt Lift
- Cancer Treatment/Surgery 
- Other \_\_\_\_\_
- \_\_\_\_\_
- Pain Level 1-10 \_\_\_\_\_



I understand the lymphatic drainage I am receiving is a session working with fluid build up and is very light pressure. Manual lymphatic drainage is used to reduce swelling, provide relaxation and reduce discomfort. If I experience **ANY** pain or discomfort during the session I will immediately inform my therapist.

Due to the nature of this type of session I give permission to my therapist to work on my body undraped as needed. (inability to lay on either prone/supine/sidelying/standing) **initial** \_\_\_\_\_

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I have also been informed & understand the late cancellation policy of \$30**