MIDWEST INTEGRATIVE HEALTH LLC

MIH - Lymphatic Drainage Consent/Intake

Lymphatic Drainage Consent & Intake

For clients who have received plastic surgery procedures:

Did your surgeon recommend post surgical Lymphatic Drainage?

Suggested Number of Sessions:

Have you been cleared by your doctor to receive Lymphatic Drainage?

If so, have you received Lymphatic Drainage since your surgery?

How many sessions have you received?

Are you in pain?

Where:

Are you experiencing swelling or bruising?

Where?

Liposuction:

Other:

Breast:

Other:

Body Lift:

Other:

Neck & Face:

Other:

Breast Reconstruction

Other:

Please list any additional procedures you had done:

Were drains used following the procedures?

If yes, where?

Please provide all the details of your recent surgery (date, hospital/clinic, surgeon, surgeon's phone number):

Please List ALL Medications:

Please List ALL health conditions:

For Clients undergoing cancer treatments:

What is your diagnosis?

Are you currently undergoing cancer treatments?

Do you have written permission from your treatment team to receive Lymphatic Drainage at this time?

What was the date of your last Treatment?

Do you give practitioner permission to contact your

treatment team regarding receiving Lymphatic Drainage at this time?

Date of last chemotherapy session?

How many sessions have you had total?

How many sessions are recommended?

Consent:

I understand that the Lymphatic Drainage I receive is provided for the basic purpose of improving the flow of my lymph system and also for relaxation. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or suction may be adjusted to my level of comfort. Because lymphatic drainage/massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.

Please note: It is important that you complete this intake form in full. Lymphatic Drainage is a very powerful modality and certain medical conditions are contraindicated and determine if or when, you can receive a session. After the consultation and review of the information you have provided on this form, it will be determined if Lymphatic Drainage should be administered to you today. Some conditions will require a note from your doctor before proceeding. Please understand this is for your well being.

Midwest Integrative Health, LLC reserves the right to refuse, postpone or terminate treatment whenever we deem it is in the best interest of one or more of the parties.

Initial Below:

Release of Records/Permission to communicate consent: I hereby give Midwest Integrative Health, LLC consent to communicate with any and all practitioners involved in my treatment as they deem necessary.

Initial Below:

Cancellation Policy: I agree to pay the $50 cancellation fee if I do not give a 24-hr notice of cancellation or if I do not show up for an

appointment.

Refund Policy: I understand that there are NO refunds for any services provided or for any cancellation or no-show fees.

Initial Below:

Minors: Parents must accompany any minor under 18 years of age to each and every appointment.

Initial Below:

Parent to initial here or write **NA**

Minors Name and DOB:

Signature: