



Lymphatic Drainage Massage Client History Form

Please fill out this form as thoroughly as possible.

All information is for the purpose of providing massage therapy and will be kept in the strictest confidence.

Name _____ Home/Cell Phone _____

DOB _____ M/F _____ Occupation _____

Referred by _____

Present symptoms (your major complaint) _____

When did you first notice major complaint? _____

Minor complaints (other areas of pain or concern) _____

What brought it on? _____

What activities aggravate the condition? _____

Is this condition getting progressively worse? _____

Is this condition interfering with your work? _____

Your sleep? _____ Daily routine? _____

What do you believe is wrong with you? _____

What have you done to get relief? _____

Has there been a medical diagnosis? If yes, what? _____

By whom? _____

X-Rays? _____ MRI? _____

Past History:

Have you had similar problems before? _____ If yes, explain: _____

When? _____ Did they prevent you from working? _____

What caused the episode(s)? _____

What relieved them? _____

Did they hospitalize you? _____ Disable you? _____

What was the previous diagnosis? _____

What were the treatments? _____

Did they help? _____

Name of the attending physician? _____

Are you on any medication? _____ List: _____

How many physicians have treated you for this illness or injury? _____

Are you taking any of the following? Circle all that apply:

Laxatives	Sedatives	Aspirins	Vitamins	Anti-Depressants
Sleeping Pills	Hormones	Insulin	Herbs	Diet Supplements

Social Habits:	Heavy	Moderate	Light	None
Alcohol	_____	_____	_____	_____
Coffee/Tea/Caffeine	_____	_____	_____	_____
Tobacco	_____	_____	_____	_____
Exercise	_____	_____	_____	_____
Weekly Sugar Intake	_____	_____	_____	_____

Have you ever :	Yes	No	Describe briefly:
Had any operations?	_____	_____	_____
Broken any bones?	_____	_____	_____
Been in an accident?	_____	_____	_____
Had whiplash?	_____	_____	_____

Other:

How many bowel movements daily? _____ Do you have a history of constipation? _____

If yes, what have you done to relieve it? _____

Age of your mattress? _____ Comfortable? _____ Uncomfortable? _____

Do you use a foam pillow? _____ A bedboard? _____

Do you sleep on your side? _____ Back? _____ Stomach? _____

Do you wear Heel lifts? _____ Sole lifts? _____ Arch supports? _____ Inner soles? _____

Which hand is your dominant hand? Left: _____ Right: _____

Which pocket do you carry a wallet in? Left: _____ Right: _____

Which shoulder do you carry a purse or other bag on? Left: _____ Right: _____

Do you have any difficulty with the following? Circle all that apply:

Headaches	Ringing in ears	Anemia	Painful joints
Shooting head pains	Wearing glasses	Rheumatic fever	Swollen joints
Sinus trouble	Light bothers eyes	Nervous stomach	Arthritis
Loss of smell	Irritability	Stomach trouble	Pinched nerves
Hay fever	Muscle spasms in neck	Ulcers	Pins & Needles in leg
Asthma	Grating in neck	Nerves and nervousness	Swollen ankles
Loss of taste	Tightness of shoulder muscles	Inner tension	Cold feet
Tightness in throat	Neuritis in shoulders and arms	Cold sweats	Pains in legs and feet
Thyroid trouble	Pins and needles in arms and hands	Liver trouble	Disc herniation
Face flushed	Cold hands	Gall bladder trouble	Disc rupture
Twitching of face	Chest pains	Indigestion	Slipped disc
Loss of memory	Shortness of breath	Intestinal gas	Bulging disc
Fatigue	T.B.	Constipation	Scoliosis
Depression	Heart pain	Kidney trouble	Sciatica
Head feels heavy	Heart palpitations	Bladder trouble	Skin pain
Dizziness	Heart attacks	Diabetes	Skin sensitivity to touch
Fainting	High blood pressure	Cancer	Rashes
Loss of balance	Low blood pressure	Sleeping problems	Bruise easily

Male only:

History of prostate trouble	Pain in shoulders	Sacroiliac or low back pain	Excessive perspiration
Urination difficulty or dribbling	Persistent abdominal pain	Tire easily	Dizziness
Frequent night urination	Pain on outside of legs and heels	Lack of energy	Diminished sex drive
Burning upon urination	Pain in groin area	Nervousness	Burning or pain during orgasm

Female only:

Very easily fatigued	Menstruation scanty or missing	Melancholia of long standing	Breast implants
Premenstrual Tension or depression	Vaginal discharge	IUD / Diaphragm	Hysterectomy
Painful menstruation cramps	Painful breasts	Birth control pills	Births
Menstruation excessive or prolonged	Menopausal hot flashes, etc.	How many pregnancies?	Difficult births or pregnancies

Have you had lymphatic drainage massage before? _____ When? _____

Where? _____

In some cases, breast massage is a part of the lymphatic drainage work, since there are so many lymph vessels in the breasts, and the client has a choice whether to do it on her own or have the practitioner perform it. I hereby do / do not (circle one) give permission for breast massage as a part of my lymphatic drainage massage.

Signature _____ Date _____

I acknowledge that I have received and read a copy of pages 5 and 6 of this form, "Possible Reactions to Lymph Drainage Massage," and "Client Instruction Sheet."

I also state that all of the information I have provided on this form has been accurate and thorough to my knowledge.

Signature _____ Date _____

POSSIBLE REACTIONS TO LYMPH DRAINAGE MASSAGE

You may experience detoxification reactions **two to six days following** a session, depending on the amount of toxins in your body. Here are some examples of possible reactions.

Common Reactions:

- Sluggishness, nausea, muscle aches, pain, tiredness. If these don't last, they usually indicate the release of toxins.
- Urinary reactions: urination may be more often and/or in greater quantity. The urine may be very concentrated at the beginning and very clear after a while (less toxins, more water). There may be a strong odor (toxins).
- Regarding sleep: You may feel a pleasant tiredness and sleep more. Afterward you may feel very fresh and alert. However, you may have the opposite reaction and not want to sleep. You may feel so energized that you will not want to sleep, but you will also not be tired in the morning.
- Some bones can spontaneously readjust (tension release).
- You may experience:
 - Better memory
 - Better taste – also “better taste” for life
 - Better smell
 - Better visual perception of distance and color
- Emotions: You may cry, sigh, or yawn a lot during the session (signs of emotional release).
- Acute signs of fever can be signs of detoxification reactions and should not remain more than two or three days.

The “Nothing” Reaction:

In about 6% of cases the “nothing” reaction may indicate another problem that must be addressed first, e.g., bone misalignment, lack of vitamins or nutrients, teeth problems (fillings, infections), etc.

CLIENT INSTRUCTION SHEET - LYMPH DRAINAGE MASSAGE

Lymph Drainage Therapy is a method of stimulating your lymph and body fluid. It is a very gentle hands-on procedure that will help you eliminate fluid retention, cleanse your body and eliminate toxins and trapped proteins in your tissues. It will stimulate your immune system, help you to relax, and release stress and emotional trauma. It has many other effects on your body, as well. To receive the best results, you should respect the following preliminary procedures.

Before the Session

You are encouraged to tell your therapist if you have any medical conditions, including thyroid problems, a high fever or infection, acute heart or kidney conditions, a fresh scar or burn, or if you are menstruating or pregnant. You should also mention if you are wearing contact lenses. For optimal results, and to prepare the system for the cleansing, please drink a lot of water or fresh, natural juice for the two to four days preceding a session. At a minimum, eat lightly the day of your initial drainage in order to avoid possible toxic reactions. Raw fruits and raw or steamed vegetables are preferred.

During the Session

It is not necessary for you to disrobe. Share with your therapist if your back or neck is uncomfortable or if you feel cold. Prepare yourself to relax and be completely cared for – this is a special time for you. The

therapist will need to concentrate in order to achieve the best results; therefore, silence is appreciated during the slow, rhythmic movements of the lymph drainage. During the session, your practitioner may ask you to breathe deeply and slowly at various times in order to activate the lymphatic system.

After the Session

You will be encouraged to give any feedback or share any feelings or emotions you may have felt during the session. You may or may not have post-treatment reactions. You may want to sleep a lot or you may experience sluggishness or muscle aches. This simply means that toxins are being eliminated from your body. Be sure that you are steady before driving. It is very important for you to drink as much as possible to help flush out the toxins.