Fluid Motion Massage Client Intake Form

Name: DOB:

Phone #: Email address:

Address: City/State/Zip:

Occupation:

Emergency contact: Phone #:

Have you had a lymphatic massage in the past? [ ]  YES [ ]  NO

How did you hear about Fluid Motion Massage?

What is your goal for this massage?

Please check all that apply:

[ ] Skin conditions- [ ] rash, [ ] hives, [ ] skin cancer, [ ] eczema, [ ] psoriasis

[ ] Cosmetic surgery Location/type of surgery:

[ ] Acute infection [ ] cellulitis

[ ] Acute inflammation Location:

[ ] Chronic inflammation Location:

[ ] Blood clot/DVT in past 6 months Location:

[ ] Pulmonary Embolism

[ ] Cancer history Location/Date/treatment received?

[ ] Wounds

[ ] Kidney failure/Acute or chronic kidney disease

[ ] Congestive heart failure

[ ] Pregnancy If so, how far along:

[ ] Diabetes

[ ] Orthopedic surgery Location & Date:

[ ] High blood pressure/Low blood pressure

[ ] Varicose veins

[ ] Breathing problems

[ ] Arteriosclerosis

[ ] Decreased sensation

[ ] Rheumatoid arthritis

[ ] Lipedema

[ ] Lymphedema

[ ] Chronic venous insufficiency

[ ] Fibromyalgia

[ ] Hyperthyroidism/hypothyroidism

[ ] Hernia

[ ] Inflammatory bowel disease

[ ] Diverticulitis

[ ] Cold or sinus congestion

[ ] Lyme Disease

[ ] Allergies

[ ] Pain Location: Rating: (0-10 scale) Choose an item.

[ ] Liver Disease

[ ] Other:

Please indicate areas of the body you would like to be avoided:

This massage will include light touch with rhythmic, circular, and flowing strokes. Extra time will be spent over lymph nodes/bundles. This massage is far different than your typical musculoskeletal massage. After this massage it will be normal to experience increased urination due to the cleansing, diuretic effect which helps with the elimination of toxins and waste from your system. This massage is relaxing, therapeutic and induces an analgesic effect. Please feel free to speak up throughout the session if anything is bothering you. Depending on your goals for the massage, active ROM of a joint or diaphragmatic breathing may be encouraged. Lay back, relax and enjoy!

**Informed Consent:** The above information is accurate to the best of my knowledge and I freely give my permission to be massaged. I agree to inform the therapist of any experience of pain, dizziness, or shortness of breath during my session. I understand that no inappropriate comments or conduct sexually suggestive in nature will not be tolerated. Any indication of such behavior will automatically end the session with full payment expected. I agree to update the therapist regarding changes in my health and I understand that there shall be no liability on the therapist’s part should I forget to do so. I understand that I am seeking a lymphatic massage under my free will and with consent, therefore I agree to hold harmless the therapist and establishment from and against any and all liability and claims. Understanding all of this, I give my consent to receive care.

Client Signature: Date: