Lymph in Motion by Criselda White - Client Intake Form

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Therapist Provider: Criselda White / TX Lic # MT129702 | Instructor #4403

Personal Information

Full Name: _____

Date of Birth: _____ Age: ___ Gender: [ ] Male [ ] Female [ ] Other

Address: _____

City/State/ZIP: _____

Phone: _____

Email: _____

Occupation: _____

Referred by: _____

Emergency Contact Name: _____

Relationship: _____

Phone: _____

Medical History

Currently under care of healthcare provider? [ ] Yes [ ] No

If yes, for what condition(s)? _____

Surgeries in past year? [ ] Yes [ ] No

If yes, please specify: _____

Check all that apply:

[ ] High/Low Blood Pressure [ ] Heart Disease [ ] Diabetes [ ] Cancer [ ] Arthritis/Osteoporosis

[ ] Varicose Veins [ ] Skin Conditions [ ] Respiratory Issues [ ] Digestive Issues

[ ] Recent Injuries [ ] Numbness/Tingling [ ] Blood Clots [ ] Seizures

[ ] Other: _____

Pregnant or trying to conceive? [ ] Yes [ ] No

How many weeks: _____

Allergies to oils, lotions, adhesives? [ ] Yes [ ] No

If yes, list: _____Current medications: _____

Received massage therapy before? [ ] Yes [ ] No

If yes, how often? _____

Treatment Goals & Preferences

Main goals for today's session (check all that apply):

[ ] Relaxation [ ] Stress Relief [ ] Pain Relief [ ] Swelling Reduction

[ ] Injury/Post-Op Recovery [ ] Detox/Lymphatic Support

[ ] Other: _____

Preferred Pressure: [ ] Light [ ] Medium [ ] Firm [ ] Deep Tissue

Areas to avoid? [ ] Yes [ ] No

If yes, specify: _____

Interested in Add-Ons (check all that apply):

[ ] Manual Lymphatic Drainage [ ] Brazilian Lymphatic Drainage

[ ] Red Light Therapy [ ] Prenatal Massage

[ ] Table Thai Massage [ ] Lomilomi Massage

[ ] Other: _____

Client Agreement, Terms & Conditions

Massage therapy is intended to promote relaxation and healing but not a replacement for medical care.

Inform the therapist of medical changes or discomfort. You may stop or adjust treatment at any time.

Cancellation/No-Show Policy:

- Cancel/reschedule with at least 24-hour notice.

- Late cancellations: 50% of session fee charged.

- No-shows: 100% of session fee charged.

Refund Policy: Services are non-refundable once the session begins. Packages may be transferred.

By signing below, you agree to the terms above and consent to receive massage therapy.

Client Signature: _____

Date: _____

For Office Use Only

Therapist: _____

Date of Session: _____

Notes/Recommendations: _____