LYMPH IN MOTION BY CRISELDA WHITE

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Client Evaluation & Health Screening Form

Purpose: To determine whether Manual Lymphatic Drainage is appropriate for your condition and whether referral to a physician is recommended.

Client Information

Full Name: _____

Date of Birth: _____

Phone: _____

Email: _____

Emergency Contact & Phone: _____

Medical Evaluation

Screening Question	Yes	No	If Yes, Please Explain_____
Do you currently have swollen lymph nodes?	[ ]	[ ]	
Do you have a diagnosed Lymphedema or Lipedema?	[ ]	[ ]	
Have you undergone any surgery within the last 6 months?	[ ]	[ ]	
Are you currently under the care of a physician or specialist?	[ ]	[ ]	

Do you have a history of blood clots/DVT?	[ ]	[ ]
Are you taking blood thinners or anticoagulant medications?	[ ]	[ ]
Have you experienced unexplained swelling, fever, or infection recently?	[ ]	[ ]
Do you have cancer or currently undergoing chemotherapy/radiation?	[ ]	[ ]
Do you have kidney disease or uncontrolled diabetes?	[ ]	[ ]
Have you received a diagnosis or recommendation for compression garments?	[ ]	[ ]
Do you experience pain, numbness, or tingling in extremities?	[ ]	[ ]
Are you pregnant or currently breastfeeding?	[ ]	[ ]

Consent & Authorization

I confirm that the above information is true and accurate to the best of my knowledge. I understand that Manual Lymphatic Drainage is a non-invasive modality designed to support lymphatic function and general wellness, and is not a substitute for medical care. If any contraindication arises, I understand that the therapist may refer me to a physician or delay treatment until medically cleared.

Client Signature: _____

Date: _____

Terms and Conditions

Refund Policy

All services are non-refundable once rendered. If you cancel your appointment at least 24 hours in advance, you may reschedule your session at no additional charge. Prepaid sessions or packages are not refundable but may be transferred to another person with written permission.

No-Call / No-Show Policy

If you miss your appointment without notice (No-Call/No-Show), you will be charged 100% of the session fee. Repeated violations may result in refusal of future services. If you are running late, please call or text as a courtesy. More than 15 minutes late without notice will be considered a No-Show.