

Lymph in Motion by Criselda White - Client Intake Form

910 Quest Pkwy, Suite 6, Cedar Park, TX 78613

Phone: (512) 817-3008 | Email: cris@movinglymphmotion.com

Website: www.movinglymphmotion.com

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: _____