

Date _____

Date of Birth: _____

Name: _____ Email: _____

Address: _____
Street City State zip code

Best phone number for contacting you- _____

How do wish to be contacted: email___ text___ phone___ letter___

Are you here today for a general wellness Lymphatic Drainage Session? Yes___ No___

Are you here today on the advice of a physician? Yes___ No___

If yes, name of the physician _____

Do you have a prescription from the physician for Lymphatic Drainage? Yes___ No___

Did you have surgery to remove your lymph nodes? Yes___ No___

Do you have a compression garment? Yes___ No___ Do you wear it? Yes___ No___

Type of Surgery and number of nodes removed::

Location of Surgery/Scarring/Node Removal:



Scar Contracture(s) yes___ no___ If yes, please describe your contracture limitations:

Please list all medications and supplements you are taking and the reason for each:

Please check any of the following you have or had within the last two (2) years:

skin condition cancer insomnia herpes heart problems high blood pressure
 arthritis headaches glasses/contacts diabetes digestive disorders epilepsy
 AIDS hepatitis contagious/ infectious disease Fibromyalgia Other

I understand that the services offered by N'Touch Therapy LLC are not a substitute for medical care and any information provided is for educational purposes and not diagnostically prescriptive in nature.

Video Release: Sometimes it is appropriate to document your progression with photographs and/or video. A verbal consent will be given prior to each photograph/video being taken. You have the right to refuse.

I hereby certify and acknowledge that I have been informed that I may appear in photograph(s)/ video(s) of Scar Management Workshops and projects taken and my photograph(s)/video(s) will be displayed or published. I understand that only photo projects, my photograph(s)/video(s) will be displayed or published. I state that I do hereby consent that the photograph(s)/video(s) may be used by the signing of this agreement.

I agree to the above terms for my session(s).

Signature _____ Date _____