

**Lymphatics For Life
Client Information Form**

Date: ____ / ____ / ____

Name _____

DOB ____ / ____ / ____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: (____) _____ Cell Phone(____) _____

How did you hear about us?

Occupation:

List any supplements you are currently taking:

List any medications you are currently taking:

List all surgical procedures you have had:

Do you exercise? Yes / No

How many times per week? _____

Types of exercise?

How many ounces of water do you drink per day? _____

Women: ** Are you currently pregnant? Yes / No

Do you have breast implants? _____ If yes, age of implants? _____

Date of last Thermography: _____

Have you received botox injections and/or other cosmetic injections within the last 3 months? Yes / No

Are you currently under the care of a physician for a diagnosed medical condition? Yes / No If yes, please explain.

Do you smoke? Yes / No

Do you have tattoos? Yes / No

Do you drink alcohol? Yes/No

Do you currently have metal fillings/retainers/braces? Yes / No

Do you use a bluetooth headset/earbuds? Yes / No

Do you wear an Apple watch/Fitbit? Yes / No

On average, how many hours of sleep do you get each night?

How are your family relationships?

Excellent

Good

Poor

How is your social life?

Excellent

Good

Poor

How is your mental health?

Excellent

Good

Poor

Areas of concern:

- ADD/ADHD
 - Adrenal Glands
 - Allergies
 - Alzheimer's
 - Anger
 - Anxiety
 - Appetite
 - Arthritis
 - Back Pain
 - Bad Breath
 - Bladder
 - Blood Pressure
 - Bones
 - Breathing
 - Cancer
 - Candida
 - Carpal Tunnel
 - Cataracts
 - Chest Congestion
 - Chest Pain
 - Cholesterol
 - Cold-Temperature
 - Colon
 - Constipation
 - Cough
 - Cravings
 - Depression
 - Diabetes
 - Diarrhea
 - Digestion
 - Dizzy Spells
 - Ear Infection
 - Ear Ringing
 - Edema
 - Eyesight
 - Fatigue
 - Fever
 - Gallstones
 - Gout
 - Gums
 - Hair Issues
 - Headache
 - Heart Issues
 - Hemorrhoids
 - Hives
 - Hormones
 - Hyperthyroidism
 - Hypoglycemia
 - Impotence
 - Insomnia
 - Joint Pain
 - Kidney Issues
 - Leukemia
 - Liver
 - Lung
 - Lupus
 - Lymph Glands
 - Menopause
 - Menstrual Cramps
 - Migraines
 - Nervousness
 - Parasites
 - Perspiration
 - PMS
 - Prostate
 - Rash
 - Sinus
 - Stomach
 - Stress
 - Tennis Elbow
 - Tonsillitis
 - Tumors
 - Varicose Veins
 - Weight
 - OTHER:** _____
-

CLIENT RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT:

All clients are required to agree to the following Release and Liability Waiver which is effective for all visits.

I understand that Lymphatic Enhancement Therapy is for improving lymphatic flow and circulation. I have stated all of my known medical information and understand that it is my responsibility to keep my lymphatic enhancement practitioner informed of any changes in my health and of any medications I may take in the future. Treatment/s will not replace conventional medical diagnosis or treatment. I release Lymphatics For Life, its owners and practitioners from all legal liability during my participation in any and all treatment/s. I assume sole responsibility for my own health and for the results of any sessions provided by Lymphatics For Life. I also understand that lymphatic enhancement therapy is not a substitute for medical treatment and that I should see a doctor/health care provider for diagnosis and treatment for any suspected medical problem.

Financial Policy

We are committed to providing the best possible care and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have questions.

All payments are due in full at the completion of each visit. Cash, Check, Visa, MasterCard, and Discover are accepted.

Any nutritional supplements, packages, supplies, equipment, or educational materials must be paid for at time of purchase. There is no refund on products. Unopened products may be returned for a store credit within 30 days of purchase.

All sales are final on ALL services, including prepaid services (packages). No refunds will be given for any service. Lymphatics For Life does not accept insurance.

You are required to provide a non-refundable \$50 deposit upon booking your first consult appointment. This amount will be applied to your balance at your first appointment. If you cancel with less than 48 hours notice before an Initial Appointment, you will forfeit your deposit.**

Cancelled appointments delay our work. When you must cancel, please give us at least 24 hours notice. We are rarely able to fill a cancelled session unless we know at least 24 hours in advance. If you are unable to provide at least 24 hours notice or 1 business day (in the case of Monday appointments and holiday appointments) when you cancel, you will be charged the full fee for your session unless we are able to fill it with another client. If the appointment is pre-paid, you forfeit that appointment. The only time we will waive this fee is in the event of serious emergency. You will be required to pay for your missed appointment before scheduling any subsequent appointments. If you choose not to reschedule, you have 30 days to remit payment for your missed appointment. Failure to pay for missed appointments will result in your account being turned over to a collections company, which could negatively impact your credit.

Monday appointments must be cancelled by the previous Friday at 2:00pm in order to avoid cancellation fees**Appointments made for the day following a scheduled office closure require cancellation notice on the last business day preceding the appointment.**

Returned checks are subject to a \$30 returned check fee in addition to any other bank fees accrued by our office in the collection of funds.

Signature: _____ Date: _____

If under the age of 18:

Parent/Guardian Signature: _____ Date: _____