



## MANUAL LYMPHATIC DRAINAGE CONSENT

DATE: \_\_\_\_\_

Precautions (Please initial each)

1. \_\_\_ I agree that I am over the age of 18, am NOT under the influence of alcohol or drugs, am NOT pregnant or nursing and desire to receive manual lymphatic drainage therapy. The general nature of manual lymphatic drainage therapy has been explained to me.
2. \_\_\_ I understand that manual lymphatic drainage treatments are not suitable for everyone and the risks include but are not limited to allergies to the massage lotions, oils and/or creams, breaks in the skin, bruising, soreness, tissue damage, swelling, redness, and pain during or after treatment. Manual lymphatic drainage therapy may aggravate some medical conditions.
3. \_\_\_ I understand that the therapist is not a physician and does not diagnose illness or disease or any other medical or mental disorder. I further understand that manual lymphatic drainage massage is not a substitute for medical examination however, the massage therapist must be fully informed of my existing medical conditions.
4. \_\_\_ I agree that I completed the medical history form provided by my therapist and disclosed any and all conditions I have or have had previously, it is my responsibility to keep my medical history up to date and inform my therapist.
5. \_\_\_ I understand and acknowledge that payments for the above services are non-refundable.
6. \_\_\_ I further agree to provide