



POST OP MANUAL LYMPHATIC DRAINAGE INTAKE

Name

Date of Birth

Phone Number

Email

Address

**Please answer the questions below.

- Have you had a professional massage before? Yes No
- If yes, how often do you receive massage therapy? _____
- Do you have any difficulty lying on your back, front, or sides? Yes No
- If yes, please explain _____
- Do you have any allergies to topical oils, lotions or ointments? Yes No
- If yes, please list _____
- Do you have sensitive skin? Yes No
- Do you sit for long hours at a workstation, computer, or driving? Yes No
- Do you perform any repetitive movements in your work, sports, or a hobby? Yes No
- If yes, please explain _____
- Do you have any particular goals in mind for this massage session? Yes No
- If yes, please explain _____
- Are you currently under medical supervision? Yes No
- If yes, please explain _____
- Do you see a chiropractor? Yes No
- If yes, how often? _____
- Are you currently taking any medications? Yes No
- If yes, please list _____
- Did your post-op team or surgeon recommend post-op MLD massage? Yes No
- If no, how did you know to seek post-op MLD massage? _____
- What procedure/ surgeries did you have?

- Liposuction
- BBL
- Facelift
- Eye/Brown Lift
- Abdominoplasty
- Chin/ Neck Augmentation
- Breast Augmentation
- Other

- Were drains used following procedure? Yes No
- If yes, are drains currently in? _____
- Are all the incisions healed? Yes No
- Has any fluid needed to be removed via needle/syringe? Yes No
- What medical instructions are you following for this procedure or your symptoms?

- What post-surgical garments are you wearing? _____

I understand that massage therapy is for the purpose of stress reduction, relief from muscular tension or spasm, or for increasing circulation. I understand that the massage therapist does not diagnose illness, disease or any other physical or mental disorder. The massage therapist does not prescribe medical treatment nor perform spinal manipulations. I will inform the therapist of my current condition at the time of each visit.

Signature _____