

Tucson Lymphatic Therapy, LLC

3972 N. Campbell Avenue, Tucson, Arizona 85719 520.400.6763
Lymphatic Drainage/Lymphedema Therapy & CranioSacral Therapy

Date: / /

Name:

phone#

Address:

zip code:

email:

Birth date / /

height/weight

Who referred you?

Blood pressure: Low Normal High

BP medication? Y/N

Are you Diabetic? Y/N

Insulin? Y/N

Past surgeries/year?(please circle) cancer _____ appendix/gallbladder

tonsils/thyroid joints(knee,hip,shoulder, _____) gastro-intestinal

reproductive reconstructive/aesthetic back /neck other _____

Are you currently taking any **medications** or **supplements**? please list them.

What do you do for exercise?

How often?

Do you use weights? Y/N

How many glasses(8oz) of water daily? _____

Alcohol, if any, drinks a week _____ Do you smoke? Y/N

*** muscles, bones & joints ** (please circle)**

backaches: upper/mid/lower mobility limitations? Y/N where? _____

Have you ever had a serious accident/fall/trauma Y/N when? _____

Do you have: numbness Spinal curvature disc stiff neck swollen joints

Sciatica fractured/ broken bones, where? _____ tendons

ligaments TMJ/TMD arthritis foot/ankle pain swelling/edema

****gastro-intestinal** (please circle)**

liver kidney gall stones indigestion colitis diverticulitis irritable bowel

bloating/pain constipation/diarrhea weight gain celiac disease

****respiratory/cardiovascular** (please circle)**

COPD sleep apnea asthma hay fever congestion/cough ear aches tinnitus

eye pain bruise easily heart murmur poor circulation migraine headaches

cold hands/feet varicose veins lymphatic swelling/pain

****allergens:** medications/foods/seasonal**

***** I respectfully request a minimum cancellation notice of 48 hours. If less than 24 hours' notice via text or phone 50% of your fee will be charged. If within 4 hours or "no-show" 100% of the fee will be charged*****

Your signature _____

Thank you, I look forward to working with you. Linda L. Frost, L.E., L.L.C.C.