Tucson Lymphatic Therapy,LLC

5215 North Sabino Canyon Road, Tucson, AZ 85750 520.400.6763 Lymphatic Drainage/Lymphedema Therapy & Cranio Sacral 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?	
Past surgeries/year?(please circle) cance	r appendix/gallbladder
tonsils/thyroid joints(knee,hip,shoulder	',) gastro-intestinal
reproductive reconstructive/aesthet	ic back/neck other
Are you currently taking any medications	
, , , ,	
What do you do for exercise?	
How often?	Do you use weights? Y/N
How many glasses(80z) of water daily?	
Alcohol, if any, drinks a week	Do you smoke? Y/N
•	joints** (please circle)
oackaches: upper/mid/lower mobility lin	•
Have you ever had a serious accident/fall	
, Do you have: numbness Spinal curvat	
, Sciatica fractured/broken bones, w	•
igaments TMJ/TMD arthritis	
-	nal**(please circle)
	colitis diverticulitis irritable bowel
oloating/pain constipation/diarrhea	
	vascular**(please circle)
	congestion/cough ear aches tinnitus
• •	poor circulation migraine headaches
cold hands/feet varicose veins ly	
allergens: medications/foods/seasc	, ,
	
	n notice of 48 hours. If less than 24 hours' notice
	d. If within 4 hours or "no-show" 100% of the fee
will be charged***	
signature	
signature	