

Manual Lymphatic Drainage (MLD) Medical History Intake Form

Client Information

- Full Name: _____
 - Date of Birth: _____
 - Gender: _____
 - Address: _____
 - Phone: _____
 - Email: _____
 - Emergency Contact: _____
 - Relationship: _____
 - Emergency Phone: _____
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Medical History

1. General Health

- Do you have any chronic medical conditions? Yes No
 - If yes, please specify: _____
- Are you currently taking any medications? Yes No
 - If yes, please list: _____
- Do you have allergies (medication, food, or environmental)? Yes No
 - If yes, please specify: _____

2. Cardiovascular and Circulatory Health

- Do you have any of the following? (Check all that apply)
 - High blood pressure
 - Low blood pressure
 - Heart disease
 - History of stroke
 - Varicose veins
 - Blood clots / Deep vein thrombosis (DVT)
 - Other:

- Do you exercise regularly? Yes No

3. Lymphatic and Immune Health

- Do you have swelling or lymphedema? Yes No
 - If yes, where?

 - Previous Treatment? _____
 - Do you currently wear a compression sleeve or stocking? Yes No
- History of infection (skin, lymph nodes, or systemic)? Yes No
 - If yes, please specify: _____
- Have you had surgery that involved lymph node removal? Yes No
 - If yes, where and when? _____

4. Musculoskeletal Health

- Do you have any musculoskeletal injuries, chronic pain, or conditions? Yes No
 - If yes, please describe:

5. Cancer and Other Conditions

- Have you ever been diagnosed with cancer? Yes No

- If yes, type and treatment details: _____
 - Are you pregnant or breastfeeding? Yes No
 - Any other significant medical conditions? _____
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Current Symptoms & Goals

- Are you currently experiencing swelling, discomfort, or pain? Yes No
 - If yes, please describe:

 - What are your goals for MLD therapy? _____
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Contraindications Screening

- Fever or acute infection? Yes No
- Acute inflammation? Yes No
- Heart failure or uncontrolled hypertension? Yes No
- Kidney problems or dialysis? Yes No
- Skin conditions (eczema, open wounds, infections)? Yes No

Consent

I understand that manual lymphatic drainage massage is a therapeutic technique designed to stimulate lymph flow. I have disclosed all relevant medical history and understand that MLD is not a substitute for medical treatment.

- Signature: _____
- Date: _____