



**Client Information Form**

Disclosure: The information provided only provides patients with general information and recovery tips for Brazilian. You, as a patient/client, should consult with your surgeon about the permitted and prohibited diet and activities after surgery. Contact your surgeon if you experience any unusual symptoms or problems such as infection and keep your follow-up appointments.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Have you received a professional massage before? \_\_\_\_\_

Has your Doctor limited you lay on your front or back? \_\_\_\_\_

Do you have any allergies to lotions or scents? What \_\_\_\_\_

List all medications & supplements \_\_\_\_\_

Are you under medical supervision? (besides your surgeon) \_\_\_\_\_

Have you had any previous cosmetic procedures? \_\_\_\_\_

Reason for seeking Lymphatic Massage:

Breast Augmentation \_\_\_\_\_ Abdominoplasty (Tummy Tuck) \_\_\_\_\_

Liposuction (where?) \_\_\_\_\_ Brazilian Butt Lift \_\_\_\_\_

Other: \_\_\_\_\_

**Consent for care:** I, \_\_\_\_\_, have stated all my known medical information and understand that it is my responsibility to keep my lymphatic massage practitioner informed of any changes in my health and of any medications I may take in the future. I understand that the massage I am receiving is to provide relaxation, relief of muscular pain tension, and reduce swelling. If I experience any pain or discomfort during the session, I will immediately inform Sandy, APRN, so that the pressure and/or stoke maybe adjusted to my level of comfort

I, \_\_\_\_\_, understand that I am responsible for payment in full of all treatments and related fees immediately following the booking of my appointments by PayPal, Zelle, or CashApp. ***There is a \$150.00 dollar non refundable deposit required for bookings. I understand that a 24-hour notice by telephone or email is required to reschedule any appointments or a late and cancellation fee of \$75.00 will be required.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_