KEEN KINAESTHETICS.

MEDICAL CLEARANCE FORM

Your patient _____ has requested to receive Manual Lymphatic Drainage due to swelling in arms/ legs/ feet (circle which applies). This service will be done in side-lying and will consist of gentle rhythmic strokes that stimulate the lymphatic system to push excess fluid back through the circulatory system and alleviate feelings of tightness, heaviness, and discomfort in the affected area(s). Keen Kinaesthetics L.L.C. requires your medical clearance before completing the service. Clearance indicates that this patient has no contraindications for completing this service, such as:

- High risk for DVT/PE or acute episode
- Acute congestive heart failure/ cardiac insufficiency
- Kidney failure/ Acute kidney injury
- Active cancer
- Acute infection
- Severe and ongoing hypertension

I declare, to my knowledge, that _____ (patient name) does **not** present with any contraindications that would put her at risk when receiving Manual Lymphatic Drainage.

_____
Provider Name (please print)

_____
Provider Signature

_____
Date

Thank you,

Sarah Allsop-Scott, OTD, OTR/L, CLT, CPAM
Owner of Keen Kinaesthetics