

NATURAL WELLNESS



Lymphatic Enhancement Therapy (LET)

Client Information

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Main Phone: _____

Alternative Phone: _____

E-mail: _____

DOB: _____

Occupation: _____

Emergency Contact: _____ Phone: _____

Referred by: _____

How did you hear about us?

What is the reason for seeking LET?

Please note that LET *may* be contraindicated in clients who have a history of blood clots, unexplained calf pain, seizures, those who have congestive heart failure, implanted medical devices (such as a pacemaker), and women who are currently pregnant.

It is extremely important that you discuss any of the above conditions that may apply to you with the LET therapist *prior* to your session.

Consent for Care

I understand that Lymphatic Enhancement Therapy (LET) is for improving lymphatic flow and circulation. I have stated all of my known medical information and understand that it is my responsibility to keep my LET practitioner informed of any health and/or medication changes.

I also understand that LET is not a substitute for medical treatment and that I should see a doctor/health care provider for diagnosis and treatment of any suspected medical problem.

Signature: _____ Date: _____



LET Health History

Please help us give you the most benefit from your LET treatment by briefly answering the following questions.

What is your primary health concern or goal at this time?

Are you in any pain or discomfort at this time?

What is your typical diet like?

What types of medication or supplements do you take routinely?

Are you on antibiotics? If so, how long have you been taking them?

How do you feel about your elimination systems (bowel/bladder/sweat/breath)?

Do you sleep well?

Do you exercise?

List any major surgeries, diagnosis or hospitalizations you have had.

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Do you have a pacemaker?

If applicable, have you had breast implants?

Have you had Botox?

Are you on any type of steroid?

Have you experienced any trauma (physical or emotional) you would like us to be aware of?

Have you ever had surgery or broken bones? If so explain:

Are you currently breastfeeding?

Have you been diagnosed with covid or suspect you may currently have covid?

Do you knowingly have a bacterial infection?

Have you had cancer? If so, what part of the body and what types of treatment did you receive?

Is there anything else you would like us to know about your current health or health history?