

**New Client Intake Form**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date \_\_\_\_\_

Date of birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Referred By \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Additional Contact: Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Opt in for Text Confirmations: (Check your preference) Yes (  ) No (  )

Prior Occupation \_\_\_\_\_

Current Occupation \_\_\_\_\_

Reason for Visit \_\_\_\_\_

Wellness Interest \_\_\_\_\_

Are there concerns you have that will inhibit you from a standard wellness protocol (For example, physical or financial?): \_\_\_\_\_

Current Supplements or medications \_\_\_\_\_

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## Medical History

Are you currently Pregnant? Yes ( ) No ( )

Do you regularly take immuno-suppressant? If so, please list it/them:

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Do you have a pacemaker? If so, please list for what reason and when installed:

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Please state any recent or past injuries or medical treatments (include all surgeries)

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List any pharmaceutical or environmental allergies:

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Current Dietary style:

Vegan \_\_\_\_\_ Pescatarian \_\_\_\_\_ Raw \_\_\_\_\_ Paleo \_\_\_\_\_

Vegetarian \_\_\_\_\_ Other \_\_\_\_\_

Please Circle the number on the three charts below that pertains to you.

Stress Scale:

←----->

No Stress    1    2    3    4    5    6    7    8    9    10    High Stress

Pain Scale:

←----->

No Pain    1    2    3    4    5    6    7    8    9    10    Severe Pain

Energy Level:

←----->

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TLC Lymphatic Wellness, LLC

None            1            2            3            4            5            6            7            8            9            10            Great

Do you have any of the following Conditions? (Circle all that apply)

Emotion Changes	Pregnancy	Skin Disorder	Accidental Injury	Cancer
High Blood Pressure	Premenstrual Syndrome		Acute Pain	Allergies
Elevated Cholesterol	TMJ Syndrome	Grief Process	Flu (Currently)	Phlebitis
Kidney Ailment	Heart Ailment	Varicose Veins	Fever (Currently)	Sports Injury
Chronic Pain	Ulcerated Colon	Osteoporosis	Neck/Spine Injury	Fibromyalgia
Diabetes	Other _____			

Are you currently under the care of a health professional? Yes ( ) No ( )

Healthcare Providers Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Healthcare Providers Name \_\_\_\_\_ Phone Number \_\_\_\_\_

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

\*A cancellation fee of \$20 will be assessed for all missed appointments unless 24-hour notice is given.

## Notice of Privacy Practices

Name of Company: TLC Lymphatics, LLC.

The Department of Health and Human Services has established a "Privacy Rule" to help ensure that personal health care information is protected for privacy. The Privacy Rule was also in order to provide a standard for certain health care providers to obtain their client's consent for uses and disclosures of health information about the client to carry out treatment, payment, or health care operations. As my client, I want you to know that I respect the privacy of your personal medical records and that I will do all I can to secure and protect that privacy. I strive to always take reasonable precautions to protect your privacy. When it is appropriate and necessary, I provide the minimum necessary information to only those I feel are in need of your health care information and information about treatment, payment, or health care operations, in order to provide health care that is in your best interest.

You may refuse to consent to the use or disclosure of your personal health information, but this must be in writing.

### Receipt of Notice of Privacy Written Acknowledgement Form

I, (Client Name) \_\_\_\_\_, have received and reviewed a copy of  
Toon Lymphatic Care, LLC. Notice of Privacy Practices.

Signature of Client or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*TLC*  
*Toon Lymphatic Care*  
TLC Lymphatic Wellness, LLC

Client Waiver

I, \_\_\_\_\_, hereby acknowledge under oath that I am the Client of TLC Lymphatics, LLC. and give my permission to participate in Lymphatic Therapy, and any other services offered by TLC Lymphatics, LLC.

As an integral part of such permission, I recognize that Lymphatic Therapy is a naturalist, experimental, alternative procedure whose purpose is not in diagnosing, healing, or curing; but to help promote good health and well-being.

Therefore, I hereby agree to hold TLC Lymphatics, LLC. harmless from and against any and all claims, demands, liabilities, actions, cases of actions, damages, and/or expenses of any nature and kind without limitation arising from my direct or indirect participation in any of the therapies.

I hereby acknowledge that I assume the risk of any and I will assume all damages if ever needed. I waive any cause of action that I might have at any time against TLC Lymphatics, LLC. or that I might thereafter accrue as a result of any therapeutic services.

I have had an opportunity to review this waiver and ask any questions concerning its meaning or intent. I verify that I have read this entire document, have had reasonable opportunity to ask questions concerning its application, understand its content, and acknowledge that the various information provided throughout this document is accurate and complete.

I further acknowledge and verify that I have full legal authority to execute this document and there are no requirements, conditions, or obligations, legal or otherwise, which would require the consent or assent of any other person or entity.

Signed this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature\_\_\_\_\_

Printed Name\_\_\_\_\_

## **PREPARING FOR YOUR APPOINTMENT**

I encourage you to not wear makeup, lotions, oils or deodorant the day of your session.

Please drink extra water the day before your appointment. I suggest a minimum of half of your body weight in ounces. This helps with the flushing of the lymphatic system and will set you up for success post treatment.

Please choose to wear underwear during your appointment that is cotton.

## **POST PROCEDURE**

Drink plenty of fluids the rest of the day. Include electrolytes. This will help flush toxins.

You may take an epsom salt and baking soda detox bath.

I recommend dry brushing between treatments.