Eeris Kallil LMT

Certified Lymphedema Therapist-UE

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Welcome to my practice!

www.bodyworkwisdom.com

Name:			Date:
Street	City	State	Zip
Home Tel:	Work Tel:		Mobile Tel: Do you text?
Occupation:			
Email:	Birth date	Referred by:	

May I add you to my Email list? Used only for occasional savings specials and an annual newsletter (Check the box if not) ☐ No thanks

Are you currently having or had in the past any of these conditions:

☐ Allergies/Sensitivities	☐ Cancer (See more below)	☐ Headaches/Migraines	☐ Joint problems	☐ Respiratory/Lung
☐ Arthritis	☐ Dental problems	☐ Heart condition/CHF	☐ Kidney/Liver Disorders	☐ Sciatica
☐ Autoimmune disorders	☐ Depression	☐ Infectious condition	☐ Muscle pain	☐ Sinus problems
☐ Blood clots	☐ Diabetes	☐ Inflammation	☐ Neurological disorders	☐ Skin conditions
☐ Blood pressure (H/L)	☐ Epilepsy	☐ Insomnia	☐ Osteoporosis	☐ Ticklishness
☐ Bruising	☐ Fatigue	☐ Intestinal conditions	☐ Pregnancy	☐ Varicose veins
				☐ Vascular disease

Please explain:

Old and recent surgeries: (What? When? Any restrictions?)	Old and recent injuries: (What? When? Any restrictions?)
Other health or personal concerns you would like me to know:	Medication and supplements you are currently taking:

If you checked the cancer box please answer the following questions;

What was your cancer diagnosis? _____
Year:_____
Treatment(circle): Chemotherapy/ Radiation/ Hormonal Therapy/ Surgery? _____
Lymph node removal? _____
Any positive nodes? _____
Metastasis? _____
Do/Did you experience any of these side effects? (circle)
Lymphedema. Fatigue. Anxiety. Nausea. Insomnia. Memory loss. Muscle/joint pain. Blood clots. Neuropathy. Numbness. Digestion problems. Mouth sores. Heartburn. Other: _____

Are you still in treatment? _____Last treatment was: _____
Are you in remission? _____

Is it OK to contact your doctor if I have questions or concerns?
Yes No
Dr. Name: _____

Female clients: Are you OK with work on and around your breast/mastectomy area? Yes No

Would you prefer to cover this area while receiving work?
Yes No

I understand the benefits and precautions of receiving massage and bodywork and I agree to receive work from Eeris Kallil LMT, CLT-UE

_____ _____
Your signatures Date