



(781) 385-9601
www.lookfeelfab.org

APPLICATION

The program I am applying for:

“MANUAL LYMPHATIC DRAINAGE” – Lymphedema

TO APPLY: Fill in MLD Application and MLD Medical Release

The location I am applying for:

- _____ **WHITMAN** – Whitman Wellness Center, 7 Marble Street, Whitman, MA
- _____ **WESTBOROUGH** – Healing & Wellness Ctr, 45 Lyman St, Suite 22, Westborough
- _____ **WOBURN** – Anna Lotan Pro, 400 W. Cummings Park,, Suite 1200, Woburn, MA
- _____ **SOMERSET**– Salon Elegance and Spa, 1521 Riverside Ave, Somerset, MA

THE APPLICATION (Fill in below for ALL programs)

Date: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Best way to contact you: Phone: ___ Text: ___ Email: ___
Date of Birth: _____ Sex: _____
Marital Status: _____
Occupation: _____
Emergency Contact: _____
Emergency Contact Relationship: _____
Emergency Contact Phone: _____

APPLICANT HEALTH INFO

Type of Cancer: _____
Date of Diagnosis: _____
Allergies: _____
Skin Concerns: _____

Reason for Manual Lymphatic Drainage? Medical _____ Relaxation _____
If you are here for a medical reason when did it start? _____

Describe your problem, including where it is and its severity:

Any Surgeries: _____ Yes _____ No

If yes, List _____

Any Medications: _____ Yes _____ No
If yes, List

Any medical conditions: _____ Yes _____ No
If yes, explain:

Is there anything else your MLD therapist should know about you or your needs before the session?

I understand Manual Lymphatic Drainage (MLD) is provided for purpose of improving flow of my lymphatic system and relaxation. Any pain or discomfort experienced during this session will be conveyed to practitioner so pressure and/or strokes may be adjusted to my level of comfort.

I understand massage or bodywork should not substitute medical examination, diagnosis, or treatment and I should see a physician, chiropractor, or other qualified medical specialist for known mental or physical ailments. I understand massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and nothing said should be construed as such.

Since massage/ bodywork can't be performed under certain medical conditions, I have stated my known medical conditions and answered all questions honestly. I agree to keep practitioner updated on changes medically and understand practitioner is not liable, if I fail to inform them.

*Please Note: MLD is a powerful modality and certain medical conditions are contraindicated determining if/when you receive a session. After consultation and review of information provided, it's determined if MLD is administered today. Some conditions require a note from your Dr. before proceeding to protect your safety and well-being.

Working with compromised immune systems restricts us from seeing anyone experiencing an infection or contagious illness. Looking & Feeling FAB, Inc. has the right to approve or deny anyone free services, however we will never discriminate. I confirm that I understand all the guidelines, terms and conditions and that I have answered all the questions truthfully and to the best of my ability.

Client Signature: _____

Date: _____