

LYMPH LIGHT

FLOWpresso INTAKE & CONSENT FORM

CLIENT INFORMATION

Name: _____ Date: _____

DOB: _____ Email: _____

MEDICAL HISTORY

- | | | |
|---------------------------|-------------------------------|---|
| ☒ Pacemaker | ☒ Heart Attack | ☒ Congestive Heart Failure |
| ☒ High/Low Blood Pressure | ☒ Currently Pregnant | ☒ Cancer |
| ☒ Current Broken Bones | ☒ Acute Infection | ☒ Blood Clots |
| ☒ Kidney Issues | ☒ Circulation/Vascular Issues | ☒ Asthma/Allergies/
Breathing Issues |

Have you had surgery in the last 12 months? _____

INFORMED CONSENT

It is my choice to receive FLOWpresso therapy. I am aware of the benefits and risks of this treatment and give my consent for it. I understand that there is no implied or stated guarantee of success or effectiveness of treatment or series of appointments. I acknowledge that FLOWpresso is not a substitute for medical care, medical examination or diagnosis. I have stated all medical conditions that I am aware of and will inform my practitioner of any changes in my health status. I understand that FLOWpresso Therapy is not being used for diagnosis or cure of disease.

By signing this release, I hereby waive and release Lymph Light, LLC and all its practitioners from any and all liability, past, present, and future relating to treatment received.

Client Name Printed: _____

Client (Or Guardian) Signature: _____

Date: _____