



Therapeutic Lymphatic Care

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QUESTIONNAIRE

Are you pregnant? YES NO TRIMESTER? _____

Have you recently had a steroid / stem cell injection? YES NO

Are you currently suffering from an acute infection? YES NO

Have you had a splenectomy? YES NO

Do you have a cardiac condition that limits you from carrying a bag of groceries comfortably up a flight of stairs? YES NO

Do you have issues urinating? YES NO

Are you currently being treated for any kind of cancer? YES NO

CHEMO? _____ RADIATION? _____

If you answered YES to the previous question please initial the following:

I have received verbal consent from my physician to receive Manual Lymph Drainage Treatment. _____ (initial)