



Lyposage™ Client Questionnaire

Medical History

- Hypertension
- Heart Disease
- Varicose Veins
- Phlebitis
- Cancer / Malignancy
- Diabetes
- Easy Bruising
- Skin Rash
- Open Sores
- Herpes I / Active? _____
- Herpes II / Active? _____
- Herniated Disc

Are you Pregnant? Yes No

Are you constipated? Yes No. If yes, how often do you have a bowel movement? _____

Are you taking birth control pills? Yes No
If yes, what are they? _____

Are you taking medications? Yes No. If yes, the name of the medication and why you are taking it.

Have you ever had a professional massage?

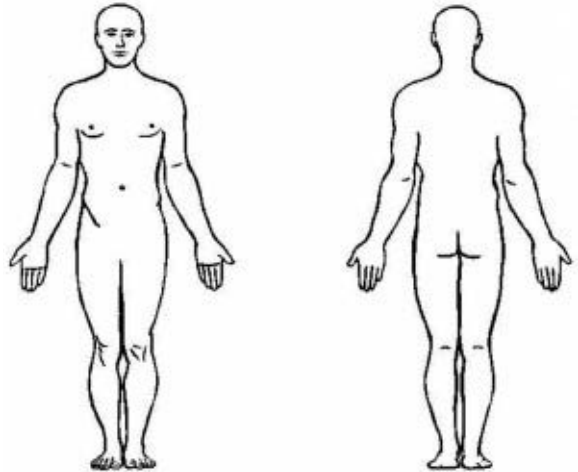
Yes No. Was the experience positive?

Do you have difficulty lying in any position, and if so, what position?

Have you ever had cosmetic surgery or liposuction?

Yes No. If yes, where, and was it successful?

Circle Problem Areas



Informed Consent

I understand that Lyposage™ is not a massage treatment as much as it is a “Body Contouring Method” of bodywork. I am aware that in practicing this method no attempt is made to diagnose illness or disease or any other disorder and that the practitioner doing the Lyposage Body Contouring Method will not prescribe or perform spinal manipulations as part of the treatment. It is further understood that I will keep my doctor and the Lyposage Practitioner aware of any and all physical or mental changes during the Lyposage program period. I have stated all my known medical conditions. I am aware that my body worker is a Certified Lyposage Practitioner.

Client Signature _____

Date _____