

Being in Motion

Lymph Events Student Intake Form

This is not your usual intake form! Just basic data and information relevant to the lymphatic hands-on practices. Thanks for filling this out.

Name _____ Date _____

Phone number(s) _____ Birth date _____

Email _____ Occupation _____

Emergency contact _____ Relation _____

Their phone # _____

What drew you to sign up for this event/class? _____

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*Do you have.....*

Heart, blood pressure, circulatory problems (explain) \_\_\_\_\_

\_\_\_\_\_

Asthma/respiratory problems? (explain) \_\_\_\_\_

Kidney issues, kidney disease, kidney surgeries? \_\_\_\_\_

Osteopenia or osteoporosis? \_\_\_\_\_ Do you bruise easily? \_\_\_\_\_

Do you have a pacemaker or other implant? (explain) \_\_\_\_\_

Do you get headaches? \_\_\_\_\_ Migraines? \_\_\_\_\_ Frequency \_\_\_\_\_

Any difficulty seeing or hearing on Zoom? \_\_\_\_\_

Are or might you be pregnant? \_\_\_\_\_

In the last six months, have you had any....

~illnesses? \_\_\_\_\_

~concussions or head injuries? \_\_\_\_\_

~car accidents? \_\_\_\_\_

~bone breaks or sprains? \_\_\_\_\_

~surgeries\_\_\_\_\_

Please note any remaining after-effects: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you currently have pain? If so, where?\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any medications you are taking, for how long, and for what:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Anything else you would like me to know?\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for taking the time to fill this out.

This helps me support you to safely experience the power of the lymph.

See you in class!