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## **EVAMARIA BURGSTALLER, CMT**

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This office does not currently file for any type of insurance Upon request we will give you a coded invoice and you can submit it to your insurance company

# HEALTH HISTORY AND LYMPHEDEMA EVALUATION

#### Personal Information

First and last name	
Address (with city & zip)	
E-mail address	
Telephone numbers	
Date of birth & gender	
Occupation & who referred you	
Emergency contact & telephone	
Physician's name & telephone	

### **Health Information**

	Y	Ν		Y	Ν	
Allergies			Are you on a blood thinner			List all operations & major illnesses
Asthma			Are you on a diuretic			
Blood pressure problems			Do you have a pacemaker			
Blood clots			Are you currently under a doctor's care			
Cancer			List any other health problems below			
Diabetes						
Heart edema						
Malignant diseases						
Thyroid problems						
Lymphedema – diagnosed						

### List all medications you are taking and the reason for it – also list over the counter drugs, inhalers, vitamins, etc.

## Allergies to medications

## Health Habits – check the appropriate box

Exercise	None	Mild	Occasional	Vigorous	
Diet	Not on a diet	Dieting on and off	Prescribed diet	? # of meals per day	
Salt intake	High	Medium	Low		
Fat intake	High	Medium	Low		
Caffeine	Coffee or Tea	Soft drinks	cups/day	None	
Tobacco	# of years	Cigarettes	Chew or Pipe	None	Recently quit

## Have you had prior treatment for Lymphedema - check all applicable answers

Surgery	Antibiotics	Compression	Manual Lymphatic	Bandaging	Lymph pump	Other	None
		Garments	Drainage				

					Remarks
How long have you had Lymphedema	Since birth	Don't know	recently	other	
Do you know the cause of your condition - If yes - please check the cause	surgery	Radiation	Infection	Trauma	
Which one of your extremities has the Lymphedema	Left arm Right arm	Left leg Right leg	Other body part	Not sure	
Swelling down in AM or PM	AM Y N	PM Y N			
Swelling worse with exercise	Yes	No	Not sure		

	Yes	No	Unsure	Remarks
Have you had Lymphedema infections				
Do you ever leak lymph fluid				
Was there a family history of Lymphedema				
Do you take diuretics for Lymphedema				
Do you take preventative antibiotics				
Do you take any other supplements for Lymphedema				
Have you been instructed how to wear compression garments				
Have you ever had Radiation Therapy				
Have you ever had Chemo Therapy				
Have you had a Hysterectomy (vaginal or abdominal)				
Have you had Ovaries removed				
Have you had Breast Cancer surgery				
Have you had Sentinel Node Mapping				
Were Lymph Nodes removed – how many				
How many Nodes tested for cancer – positive - negative				
Please discuss any other information with the therapist				

Referring Physician	Name	Phone #
Last physical exam	Date	
Were you given a clean bill of health	Yes	No
May we contact your Physician to discuss your lymphedema problem	Yes	No

## Reason for your appointment today

If a mechanical Lymph pump will be used during treatments, a prescription needs to be obtained from your physician prior to the use of the pump. It has to state "**Use of a Lymph Pump**"

Do you want to be told about new products or treatment methods as they become available? Yes No Can you be contacted as a reference source for new clients? Yes No Check with me first

If you are a patient of Lotus Acupuncture and Wellness Center, permission is given to share all health information with their health practitioner.

I give permission to the therapist for session consisting of MLD (Manual Lymphatic Drainage) including a Lymph pump if so deemed necessary. I will not hold the attending Therapist or Lotus Acupuncture responsible for possible complications arising from the use of the pump or the manual therapy.

If you are not sure about this therapy you may check with your personal physician first.

Signature

Today's date:

### Therapist's Intake Notes: