## EVAMARIA BURGSTALLER, CMT

Phone: 757-404-5703 email: burgstaller.e@gmail.com

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

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	N		Υ	N	
llergies			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			
llood clots			Are you currently under a doctor's care			
			List any other health problems below			
ancer						
Diabetes						
Cancer Diabetes Heart edema Malignant diseases						
Diabetes Heart edema						

## 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 pu Garments Drainage	p Other	None
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					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 additional information with the therapist				

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		
Do you want to be told about new product Can you be contacted as a reference sourc		
•		
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You may decide at any time to proceed wi	th the therapy or to terminate the so	ession. clude some Color Therapy
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Your therapist will give a short introduction You may decide at any time to proceed with Permission is given for a session of Manual will not hold the attending therapist respective and are not sure about this therapy you	th the therapy or to terminate the so al Lymphatic Drainage (which may in ponsible for possible complications a	ession. clude some Color Therapy orising from the therapy.
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Name

Phone #

Referring Physician