

**Avazzia and Electro Sound Lymphatic Drainage Patient Information**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

Primary Areas Of Concern: \_\_\_\_\_

\_\_\_\_\_

Areas of Pain: \_\_\_\_\_

\_\_\_\_\_

Surgeries: \_\_\_\_\_

Medical History: \_\_\_\_\_

\_\_\_\_\_

Energy Level 0-10: \_\_\_\_\_ Pacemaker \_\_\_\_\_ Seizures \_\_\_\_\_ Pregnant \_\_\_\_\_

Circulation-Hot or Cold Areas: \_\_\_\_\_

Areas of Edema: \_\_\_\_\_

# Bowel Movements Per Day: \_\_\_\_\_ Urine Color: \_\_\_\_\_ Urine Frequency: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

DATE	THERAPY	PRODUCTS USED