MLD Case History Notes and Treatment Record

Date of first visit:

Name;

Address:

Postcode:
Date of Birth:
Telephone number: home
Mobile number
Email address:

General Practitioner:
Telephone number
Address:

Consultant:

Absolute Contra-indications
Non treated malignant diseases ….....
Cardiac Insufficiency ….....
Deep Vein Thrombosis ….....
Acute Inflammation ….....
Acute Allergies ….....
Lymphoedema ….....

For Deep Abdominal Work
Inflammatory Bowel Disease ….....
Diabetes ….....
Irradiated abdomen ….....

Relative contra-indications
Treated Malignant disease ….....
Low blood pressure ….....
Bronchial Asthma ….....
Chronic Inflammation ….....
Pregnancy ….....
Nevus ….....
Thyroid disorder ….....
Toothache ….....
Tuberculosis ….....

Surgery(current /past history)

Medical Conditions (current/ past history, including allergies)

Medication (prescription/over the counter)
Lifestyle

Presenting Pathology and treatment

Examination and findings

Treatment Plan

Consent:

Client's signature Date

Therapist's signature Date

Treatment given/outcome

Advice given