

Nina Capobianco, LMT, CMLDT  
Lic No 93 / NPI 1952638363  
45 Lyman St Suite 22 Westborough, MA 01581  
The Healing and Wellness Center at Chauncy Place  
Phone 508-241-2110  
www.ABasicKnead.com

## Client Intake Post Elective Surgery

Full Name: \_\_\_\_\_

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

Cell phone: \_\_\_\_\_

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

Age: \_\_\_\_\_

DOB: \_\_\_\_\_

What procedure(s) have you had? Please circle:

BBL

Abdominoplasty

Breast Augmentation

Liposuction

Other: \_\_\_\_\_

Are you in any pain?

0....1....2....3....4....5....6....7....8....9....10  
(none) (average) (extreme)

Where are you having the pain? \_\_\_\_\_

Have you been cleared of blood clots? Yes / No

Are you on blood thinners? Yes / No

Have been cleared for any physical activities? Yes / No

Which are you actively doing? \_\_\_\_\_

Are you currently under a physician's care for any other condition? Yes / No

If yes, for what condition(s)? \_\_\_\_\_

Have you recently taken any medications or drugs that alter sensation?  
(e.g pain medication, muscle relaxants, alcohol or other depressants or stimulants)

\_\_\_\_\_

**Have you had any of the following health issues in the past year?**

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

Angina

Asthma

Blood Clots

Cancer

Carpal Tunnel Syndrome

Communicable diseases

Disk Problems

Fibromyalgia

Heart Disease

Hepatitis

Herpes Simplex

Hospitalization

Hypertension

TMJ or tendency to grind teeth

(Auto)Immune system conditions

Irritable Bowel Syndrome

Insomnia

Migraines / Headaches

Phlebitis / Thrombosis

Repetitive Strain Injuries

Sciatica

Stroke

Surgery (not related to post elective cosmetic)

Varicose Veins

Whiplash

Other: \_\_\_\_\_

**SPECIFIC CONDITIONS:**

<b>Condition:</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Arthritis			
Cancer or Tumors			
Cardiovascular Diseases			<b>Circle all that apply:</b> Anemia, Angina, Arteriosclerosis, Congestive Heart Failure, Heart Attack, Heart Murmur, Hemophilia, Hypertension, Varicose or Spider Veins, Other: _____
Diabetes			
Injuries			
Kidney, Liver or Urinary problems			
Respiratory Conditions			
Skin Conditions			<b>Circle all that apply:</b> Acne, Abrasions/Cuts, Bruises, Dermatitis, Eczema, Hives, Poison Ivy/Oak/Sumac, Psoriasis, Sunburn, Warts, Other: _____
Surgery			Date of Surgery:  Describe:
Gastrointestinal Problems			
Other Conditions not mentioned above			

**Cancellation Policy**

Out of respect for Nina's time and others that might be waiting for an appointment, please give at least 24 hrs notice if you must cancel an appointment. The full service fee will be charged with less than 24 hr notice or if you do not show up, emergency situations excluded.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Today's Date \_\_\_\_\_