## Austin McBride M.FHT Holistic Health Therapist Reflexology Lymphatic Drainage Specialist - RLD Approved Practitioner

[Type text]



#### Introduction:

Surname	Forename	DOB: month /year only	Contact No.	
Occupation?		Patient consent		
		Patient signature		
		Date of Signature		
Next of Kin Surname	Forname	N/A	Contact No.	
Doctor	Medical Supervision Y/N	Since when:	Contact No.	
	YES/NO			
Clients can be seen i	in the comfort of th	heir home, and you	and can be	
accompanied a chap	perone if required.			
Please give your hor	ne Post code only:			
Contact Telephone r	number:			
Medication prescribed	Dosage	Prescribed for?	Side affects?	
Others				
Compression	Arm or legs	Lymphoedama	Skin problems	
Garments				

Prepared by: Austin McBride M.FHT Strictly confidential.

Assesment form Patient Ref:

Prepared Date

Patient Consent given for treatment . YES

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ALLED CIECS		<u> </u>	[Type text]
ALLERGIES?			
Contraindications	Polovant to thorony	Simon whom?	Dials of Jaction
	Relevant to therapy	Since when?	Risk of /action
Covid-19?	All treatments  On a Scale of 1 to	Symptoms Current	Decline  Risk of /action
Do you suffer from?	10	treatment?	Risk of /action
Anxiety Depression			
Asthma			
Hypertension			
Epilepsy			
Diabetes Type 1 or 2			
Stroke?			
Osteoarthritis?			
Numbness tingling?			
Circulatory/vascular			
Operations?			
Urinary?			
Endocrine?			
Respiratory			
Contraindications	Relevant to therapy	Since when?	Risk of /action
DVT?	RLD		
Pulmonary embolism	RLD		
Cellulitis?	RLD		
Heart conditions?	RLD		
Kidney Failure?	RLD		
Undiagnosed swelling	RLD		
Oedema /organ failure	RLD		
Lympheodema	RLD		
Vascular Problems	RLD		
Cancer?			

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Assesment form Patient Ref:

Sex: Female

Prepared Date Patient Consent given for treatment . YES

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6, , ,		J	•		•	•	[Type text]		
Cancer							[17]		
Cancer							Site of tumour?		
Visual examination of skin condition of legs and feet									
Right leg	Arm			Left	leg		Arm		
Patient Profile:									
Any presenting cou	nditions	that n	atien	t may	have				
Any presenting conditions that patient may have.									
Aims and objectives / Treatment plan.									
	Г.					_			
Treatment Dates	Where <sup>-</sup>	Treate	d	Thera	py use	d	Patient signature		
Please asterix a num and foot pain):	ber to sho	ow how	v seve	ere each	conce	rn or pr	oblem is now (leg		
In the scale of 1 to	6 how h	ad wa	s the	nain i	n vour	leg he	fore treatment?		
©Not bothering me at a		<b>2</b>	<b>3</b>	-	5*	6	Bothers me		
greatly	311 <b>I</b>	2	3	7	J	U	Obothers me		
In the scale of 1 to 6 how did this problem affect your mobility?									
Not bothering me at a greatly	all 1	2	3	4*	5	6	<b>⊗</b> Bothers me		

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Sex: Female

Age:

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[Type tex

In the scale of 1 to 6 did this problem affect your confidence, & wellness?

 $\odot$ Not bothering me at all 1 2 3 4 5\* 6  $\odot$ Bothers me greatly

How would you rate your general feeling of wellbeing now?

 $\odot$  As good as it can be 1 2\* 3 4 5 6  $\odot$  As bad as it can be

are you happy and satisfied with the outcome of your treatments?

② Very Happy 1\* 2 3 4 5 6 ⊗ Not Happy (please give a reason)

#### How does RLD differ to a more generic reflexology treatment?

A standard reflexology therapy treatment aims to treat the whole body to bring about a state were the body has achieved state of homeostasis, or simply put a balance. When the body is in a state of homeostasis it helps the body to heal itself. It brings about calmness and a feeling of wellbeing.

Reflexology lymph drainage therapy (RLD) works primarily on the lymphatic system to encourage lymph flow by clearing blockages. This normally occurs after Cancer surgery when diseased the lymph nodes are removed. RLD has been shown to be very successful at treating lympheodema and reducing swelling. The therapy is targets a specific part of the body to achieve reduced lymph at a site in the body or limb. This will also give the patient a great sense of wellbeing.

Austin McBride M.F.H.T Contact Tel number Mob. 0782 514 9558

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FB Page address. www.facebook.com/1947Reflexologist

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Sex: Female Age: