

[Your Business Name]  
[Your Business Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Client's Name]  
[Client's Address]  
[City, State, Zip Code]

Dear [Client's Name],

Welcome to [Your Business Name]! We are excited to have you as a new client and look forward to helping you with your lymphatic drainage massage.

To ensure we provide you with the best possible care, we kindly ask you to complete the following intake form before your first appointment. This information will assist us in understanding your health history and specific needs.

**\*\*Client Intake Form:\*\***

1. Full Name:
2. Date of Birth:
3. Contact Information (Phone/Email):
4. Emergency Contact:
5. Medical History (please list any previous surgeries, ongoing medical conditions, or allergies):
6. Current Medications:
7. Specific concerns or areas of focus for your lymphatic drainage massage:
8. How did you hear about us?

Please return this completed form to us via email or bring it with you to your appointment. If you have any questions or need assistance, please do not hesitate to reach out.

Thank you for choosing [Your Business Name]. We look forward to supporting your wellness journey!

Best regards,

[Your Name]  
[Your Title]  
[Your Business Name]