VERSION 1.0 | November 2026 | Therapist study use

Client screening and suitability

Confidential template - complete before first session and update if the history changes. Store securely in accordance with applicable privacy and professional standards.

Client name: _____ Date: _____

Date of birth / age: _____ Contact: _____

Purpose of visit / requested service: _____

Presenting concerns and onset:

_____

_____

Immediate stop-sign screening

If YES to any emergency symptom, stop screening and arrange the appropriate urgent or emergency medical response. Do not commence massage.

[ ] New chest pain, severe breathlessness, collapse or fainting

[ ] Sudden one-sided limb swelling or pain, warmth or colour change

[ ] Hot, painful spreading skin changes or fever / suspected cellulitis

[ ] Rapidly increasing swelling, sudden marked deterioration, or new unexplained symptoms

[ ] Breathlessness at rest, difficulty lying flat or suspected acute heart failure

[ ] Known/suspected acute DVT, pulmonary embolism or superior vena cava obstruction

Relevant medical history (tick all that apply)

[ ] Recent operation, implant, drain, wound, seroma or surgeon restriction

[ ] Cancer, radiotherapy, lymph-node removal or known lymphoedema

[ ] Previous thrombosis, anticoagulant use or bleeding condition

[ ] Heart failure, heart disease, circulation or blood pressure concerns

[ ] Kidney or liver disease; prescribed diuretic

[ ] Lipedema, venous disease or chronic leg swelling

[ ] Recent infection, fever, wound or skin condition

[ ] Pregnancy, thyroid disease or neck vascular concern

[ ] Falls, frailty, impaired sensation, cognitive/consent difficulty

[ ] Other relevant condition or medication change

Medication list, allergies, restrictions and existing clinical providers:

_____

_____

_____

Swelling assessment and clinical decision

Complete this section even when the requested service is wellness or relaxation.

[ ] No current swelling reported

[ ] Swelling present - medically diagnosed and stable

[ ] New, unexplained, worsening or one-sided swelling - DO NOT TREAT as wellness MLD

[ ] Swelling after surgery, cancer treatment or altered drainage anatomy - REFER

[ ] Current skin redness, warmth, infection, open wound or unusual pain - DEFER/REFER

Site, onset, duration, pattern, pain and other symptoms:

_____

_____

_____

Referral and clearance status

Decision	Tick	Evidence / explanation
GO: appropriate wellness session only	[ ]	_____
CAUTION: defer pending review	[ ]	_____
STOP: urgent medical action	[ ]	_____
REFER: qualified CDT/medical practitioner	[ ]	_____

Professional scope, consent and explanation

[ ] Prior training and currently permitted practice cover proposed contact.

[ ] Reasonable benefits, uncertainties, limits and alternatives explained.

[ ] Areas of contact and draping explained; consent given; right to stop understood.

[ ] Required clinician communication/clearance verified where applicable.

Decision and plan / referral details:

_____

_____

_____

Client signature: _____ Date: _____

Therapist signature: _____ Date: _____

Do not use a signed disclaimer to override contraindications or a practitioner's scope of practice.