A Calmness Within

Oncology Massage Supplemental Intake

Name: _____ Date: _____

Physician: _____ DOB: _____

Email: _____ Phone: _____

Occupation: _____ Mobile: _____

Mailing Address: _____

Emergency Contact: _____

Type of Cancer: _____

Date of diagnosis: _____ Status of cancer: _____

Have you received massage before today? _____

Since-cancer diagnosis? _____

Type of Treatment Received
(please give date and location on body)

Surgery/s: _____

_____

Radiation: Location of entry and exit sites? _____

_____

Chemotherapy: _____

_____

Have you had any lymph nodes removed? Where? _____

_____

Other: _____

Are you being treated now? Yes No

Type of treatment: _____

Date of most recent treatment: _____

Do you have any **Site Restrictions** due to (please indicate location on body):

- ☐ incisions
- ☐ open wounds
- ☐ drains
- ☐ dressings
- ☐ skin sensitivity
- ☐ rash or skin condition
- ☐ I.V, port
- ☐ ostomy
- ☐ catheter
- ☐ other device
- ☐ tumor site
- ☐ radiation site
- ☐ area of metastasis
- ☐ neuropathy/numbness
- ☐ fracture history
- ☐ area of infection
- ☐ history or risk of blood clots or phlebitis
- ☐ other (please describe)_____

_____

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Do you have any **Pressure Restrictions** due to:

- ☐ history or risk of lymphedema
- ☐ anticoagulants
- ☐ low platelet count
- ☐ bone metastasis
- ☐ steroid medication
- ☐ fragile/sensitive skin
- ☐ fragile veins
- ☐ area of pain or burning
- ☐ fatigue
- ☐ recent surgery
- ☐ infection
- ☐ other (please describe)

Do you have any **Position Restriction** due to:

- ☐ incision
- ☐ dizziness
- ☐ ostomy
- ☐ tumor site
- ☐ difficulty breathing
- ☐ tender skin
- ☐ area of swelling needing elevation
- ☐ medical devices discomfort
- ☐ other: _____

Has cancer or its treatment affected any of the following:

- ☐ lungs
- ☐ liver
- ☐ nervous system
- ☐ heart
- ☐ kidneys
- ☐ blood counts
- ☐ energy level

Other medical conditions or concerns: _____

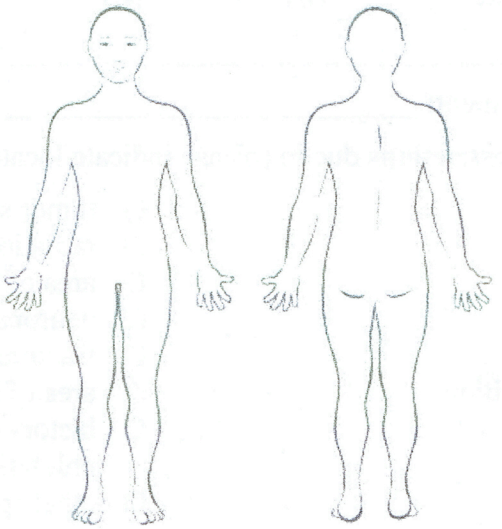
_____

_____

Why have you come for massage today? _____

_____

Please indicate areas of discomfort on the diagram below. Feel free to make notes related to indications:



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~ www.calmnesswithin.com ~