Oncology Massage Intake Form

(Must accompany a complete health history/Form can be competed in Acrobat)

Name _____ Today's date _____

When were you diagnosed?_____ What type of cancer?_____

Where was it located?_____ What is the present status of your cancer?_____

Who is your oncologist?_____Date of last visit?_____

How often do you see your oncologist?_____

Surgery/Procedure: Type _____ Date_____

Lymph nodes removed: Number_____ Where:_____

Reconstruction: Date(s)/Procedure(s): _____

Side Effects: _____

Chemotherapy: Number of Treatments:_____ Beginning Date:_____ End:_____

Number of Treatments:_____ Beginning Date:_____ End:_____

Number of Treatments:_____ Beginning Date:_____ End:_____

Side Effects: _____

Radiation:

Number of Treatments: _____ Beginning Date: _____ End: _____

Area of Treatment _____

Nodes Irradiated in the neck, armpit, or groin? Yes ❑ No ❑

Number of Treatments:_____ Begin Date:_____ End:_____

Area of Treatment _____

Nodes Irradiated in the neck, armpit, or groin? Yes ❑ No ❑

Side Effects: _____

Other: Please list any other treatments or medications:

_____

_____

_____

Has any doctor said anything to you about lymphedema? Yes ❑ No ❑ bone metastases? Yes ❑ No ❑

continued on next page...

Medical Devices: IV catheter ❑ Port ❑ Breast expander ❑ Breast prosthesis ❑

Urinary catheter ❑ Ostomy ❑ Feeding tube (PEG) ❑ Other_____

Side Effects: ***(Check) current conditions. Underline past conditions.*** Check here if explanation below ❑

GI Conditions: Nausea ❑ Vomiting ❑ Low appetite ❑ Mouth sores ❑ Wt. loss ❑ Wt. gain ❑

Diarrhea ❑ Constipation ❑

Musculoskeletal: Osteoporosis ❑ Bone pain ❑ Adhesions ❑ Incision ❑ Headache ❑

Touch/pressure sensitivity ❑ Decreased range of motion or function ❑ Pain ❑ Former injuries ❑

Factures joint problems ❑ Joint replacement ❑

Nervous System: Burn/itch/tingle/prickle/numbness in arms,/hands/legs/feet ❑ Memory problems ❑

Skin: Skin infection ❑ Dry skin ❑ Fragile skin ❑ Skin irritation ❑ Radiation skin reaction ❑ Hair loss ❑

Circulatory/Blood: Edema ❑ Easy bruising ❑ Low platelet ❑ Low white count ❑ Blood clot ❑

Excessively cold/warm ❑ Lymphedema ❑ Heart condition ❑ High blood pressure ❑ Lung condition ❑

General: Fatigue ❑ Depression ❑ Anxiety ❑ Allergies ❑ Systemic infection ❑

Infectious conditions ❑ Radioactivity ❑ other_____

Current Medications:

Drug name	Purpose	Side Effects

Explanations: (as needed)