

Massage Intake Form - Oncology

Contact Information:

Name	
Phone	
Occupation	
E-mail address	
Date of birth	
Next of kin & contact	
How did you hear about us?	

Medical Information:

Type of cancer and location: _____

Date of diagnosis: _____ Oncologist: _____

Treatment received and to which areas of the body?

Y N Surgery _____

Y N Chemotherapy _____

Y N Radiotherapy _____

Pressure-related conditions

Y N Fatigue _____

Y N Easy bruising (low platelets) _____

Y N Neutropenia (low white cell count) _____

Y N Neuropathy fingers, hands and/or feet _____

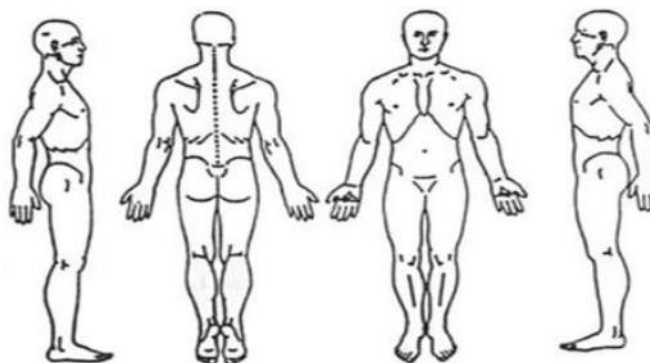
Y N Lymph node removal: axilla, groin, abdo, popliteal fossa _____ (xCa)

Y N Oedema or Lymphoedema _____

Y N Bone density loss _____

Y N Central line in situ _____

Y N Other _____



Site Related Considerations

- | | |
|---|--|
| <input type="checkbox"/> Pain or Discomfort | <input type="checkbox"/> Other medical devices |
| <input type="checkbox"/> Incisions | <input type="checkbox"/> Tumour |
| <input type="checkbox"/> Areas that feel unusually warm | <input type="checkbox"/> Recent history of blood clots |
| <input type="checkbox"/> Skin Integrity | <input type="checkbox"/> Other |

Other Significant Medical History (surgeries, Diabetes, Vital Organs, Infectious Diseases, BPI, GI, Accidents, Injuries etc)

Positioning Adjustments:

I confirm, and understand that:

The Oncology Massage Therapy (OMT) has, to the best of my knowledge, my full medical history, and I give permission for the treatment session to proceed. The OMT will adjust the oncology massage to suit my current health status and there is the (unlikely) possibility of slight bruising and/or 1-2 days of musculature discomfort following the oncology massage. Unless fluid restrictions apply, hydration to my comfort level is encouraged.

Confidentiality is respected and at no time is any information received from me during the Oncology Massage sessions given to another person, except with my express permission. Photographs may be taken for client progress notes, and/or communication with other health professionals.

The Oncology Massage is given with all due care and practised with professionalism in a responsible manner.

Signature _____ Date: _____

(Print name): _____