

ONCOLOGY MASSAGE INTAKE FORM
(Must accompany a complete health history)

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 Node Removed?: _____ Number?: _____ Where?: _____

Reconstruction: Dates: _____ Procedures?: _____

Dates: _____ Procedures?: _____

Side Effects?: _____

CHEMOTHERAPY

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

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

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

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

Side effects?: _____

RADIATION

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

Area of Treatment?: _____

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

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

MEDICAL DEVICES: (Please Circle) IV Catheter Port Breast Expander Breast Prosthesis

Urinary Catheter Ostomy Feeding Tube (PEG) Other: _____

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Side Effects: Please Circle Current Conditions / Underline Past Conditions / _____ Check here if explanation below

GI CONDITIONS: Nausea Vomiting Low Appetite Mouth Sores Weight Loss Weight Gain
Diarrhea Constipation Other: _____

MUSCULOSKELETAL: Osteoporosis Bone pain Adhesions Incision Headache Touch/pressure sensitivity
Decreased range of motion or function Pain Former injuries Fractures Joint problems
Joint replacement Other: _____

NERVOUS SYSTEM: Burn / itch / tingle / prickle / numbness in arms / hands / legs / feet Memory problems
Other: _____

SKIN: Skin infection Dry skin Fragile skin Skin irritation Radiation skin reaction Hair loss
Other: _____

CIRCULATORY/BLOOD: Edema Easy bruising Low platelet Low white count Blood clot Excessively cold/warm
Lymphedema Heart condition High blood pressure Lung condition
Other: _____

GENERAL: Fatigue Depression Anxiety Allergies Systemic Infection Infectious condition

OTHER: Current tumor Enlarged nodes/spleen/liver Radioactivity Other: _____

CURRENT MEDICATIONS:

Drug Name	Purpose	Side Effects
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EXPLANATIONS, as needed: _____

