



Oncology Massage

Name _____ Phone (_____) _____ Date of Birth _____

Referred by: _____ Phone (_____) _____

In case of emergency: _____ Phone (_____) _____

Physician: Name _____ Town: _____ Phone: _____

1) Primary reason for appointment: _____

2) Areas of complaint, pain or tension: _____

3) What medications do you take? _____

4) Are recent surgeries or acute injuries? _____

5) When was your last physical? ____/____/____

6) Any type of breast surgery? YES NO What kind? _____ When? ____/____/____

7) Prostate surgery? YES NO When? ____/____/____

8) Did your treatment include the **removal, radiation, or testing** of any **lymph nodes**? YES NO

Where? _____ How many? _____

9) Chemotherapy? YES NO When? ____/____/____ Radiation? YES NO When? ____/____/____

10) Spinal Problems? YES NO Arthritis? YES NO Where? _____

11) Heart Problems? YES NO High Blood Pressure? YES NO Varicose Veins? YES NO Blood Clots? YES NO

12) Skin Problems or Allergies? YES NO _____

13) Do you exercise regularly? YES NO Play Sports? YES NO

14) Any other medical conditions or additional comments? _____

14) Have you had a professional massage before? YES NO What kind? _____ When? _____

PLEASE READ AND SIGN:

I understand that the massage therapy given here is for stress reduction and relief from muscular discomfort. I further understand that the massage therapist does not diagnose illness, disease, or any other physical disorder. As such, the massage therapist does not prescribe medical treatment or medication(s) and does not perform spinal manipulation. It has been made clear to me that massage therapy is not a substitute for medical examination or diagnosis. I have, to the best of my knowledge, stated all my known medical conditions and take it upon myself to keep the massage therapists updated on my physical health.

I understand that if I cancel an appointment without at least 24 hours advanced notice, payment may be due to this office.

Client Signature: _____ Date: _____

Practitioner Signature: _____ Date: _____