

Oncology Massage

(Must accompany a complete health history)

Name _____ Today's Date _____

When were you diagnosed? _____ Type of Cancer _____

Where was it located? _____ Present Stats of 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: _____ Beginning 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

Medical Devices: Feeding Tube (PEG) _ IV Catheter Port Breast Expander
Breast Prosthesis Urinary Catheter Ostomy Other: _____

Name _____

Side Effects:

Circle 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/function pain former injuries fractures joint problems
joint replacements

Nervous System:

burn, itch, tingle, prickle, numbness in arms, hands, leg, and 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 condition

Other:

current tumor enlarged nodes, spleen, liver radioactivity other _____

Current Medications:

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