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Oncology Add On Form

Contact Information

Date: _____

Name: _____ Phone Number: _____

Date of Birth: _____ Email: _____

In Case of Emergency, contact: _____ Relationship: _____

Emergency Contact Telephone: _____

Activity Levels

1. Have you had bodywork before? **Yes** **No** If Yes, was there anything you did/did not like?

2. What kind of activities are you able to participate in? _____

3. Please give me a general idea of your current day-to-day or week-to-week activities, if any.

Oncology/Treatment History

1. Type of cancer? _____ Date of Diagnosis? _____

2. Is the cancer currently active? **Yes** **No** Where was/is it located? _____

3. Are you currently undergoing treatments? **Yes** **No**

If No, what was the date of your last treatment? _____

NOTE: If you are currently in treatment, between treatments, or if your last treatment session was within one year of the date of the massage session, a written note from your doctor is required to receive bodywork.

4. What treatments have you undergone, when? **Please list dates and types of surgery / other treatments.**

5. Did your treatment include any removal or radiation of lymph nodes? **Yes** **No**

(If yes, please describe where): _____

6. Did your treatment include radiation therapy? Yes No

(If yes, please describe where): _____

7. Do you have any *site restrictions* due to:

- ____ Incisions, open wounds, drains or dressings
- ____ Skin sensitivity, rash or skin condition
- ____ IV, port, ostomy, catheter, or other device
- ____ **Which one?** _____
- ____ A tumor site
- ____ Radiation site

- ____ Neuropathy
- ____ Bone or spine metastasis
- ____ Fracture history
- ____ Area of infection
- ____ History/risk of blood clot
- ____ Other (**Please describe in #11**)

8. Do you have any *pressure restrictions* due to:

- ____ History or risk of lymphedema (**Circle**)
- ____ Anticoagulants
- ____ Low platelet count
- ____ Bone or spine metastasis
- ____ Steroid med
- ____ Fragile/sensitive skin

- ____ Fragile veins
- ____ Area of pain or burning
- ____ Fatigue
- ____ Recent surgery
- ____ Infection or fever
- ____ Other (**Please describe in #11**)

9. Do you have any *position restrictions* due to:

- ____ Incision
- ____ Medication
- ____ Tumor site
- ____ Difficulty breathing
- ____ Tender skin
- ____ Swelling or risk of swelling
- ____ Medical devices **Please describe:** _____
- ____ Discomfort **Please describe:** _____

10. Has cancer or cancer treatment affected any of the following functions in your body?

- | | | |
|---------------------|--------------------------|-------------|
| ____ Lungs | ____ Liver | ____ Heart |
| ____ Nervous System | ____ Blood counts | ____ Kidney |
| ____ Energy Level | ____ Immune/Lymph System | ____ Other |

11. Please give any additional information from the questions above:

General Signs and Symptoms

Check Yes or No and add comments if you have or have had any of the following post diagnosis:	Yes	No	Comments
12. Any swelling or tendency to swell anywhere in your body?			
13. Any sites of pain or tenderness anywhere in your body?			
14. Any sites of numbness or reduced sensation anywhere in your body?			
15. Any areas of inflammation ?			

Other Medical Conditions

Check Yes or No and add comments if you have or have had any of the following post diagnosis:	Yes	No	Comments
16. Skin conditions (rashes, infections, itching)			
17. Known allergies or sensitivities (if you use any physician-approved or well-tolerated lotion on your skin, please bring it for us to use with you)			
18. Cardiovascular conditions (History of heart condition, high blood pressure, angina, hardening of the arteries, stroke, varicose veins, blood clots)			
19. Liver or Kidney conditions (for example: kidney failure, hepatitis, portal hypertension, etc.)			
20. Respiratory or Lung conditions			
21. Arthritis or Joint problems			
22. Other			

Please read the following statement carefully, then sign below.

I have discussed bodywork with my oncologist before receiving my session. If my oncologist has any questions, they will contact Mend Your Body Massage LLC and discuss the concerns. By signing below, I hereby give written permission to Mend Your Body Massage LLC to discuss and release any relevant information concerning my session with my oncologist.

If I am currently having or develop complications, I will discuss the condition with my massage therapist, and will have a medical release for bodywork signed by my oncologist before continuing bodywork.

I have completed this health form to the best of my knowledge as an addition to the New Client Health History Form. I understand that bodywork is a health aid and does not take the place of a physician’s care. I understand and agree that I am receiving bodywork entirely at my own risk. In the event that I become injured either directly or indirectly as a result, in whole or in part, of the aforesaid bodywork, I hereby hold harmless and indemnify the therapist, her principals, and agents from all claims and liability whatsoever. Any information exchanged during a bodywork session is confidential and is only used to provide the best health care services.

I have carefully read and understand all of the above and I have answered all questions fully and accurately.

Client signature _____ Date _____