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 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: ☐ IV ☐ catheter port ☐ breast expander ☐ breast prosthesis ☐ urinary catheter ☐ ostomy

☐ feeding tube (PEG) ☐ Other _____

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Side Effects: (1) current conditions (2) past conditions (3) explanations listed 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 or function ☐ pain ☐ former injuries ☐ factures ☐ joint problems ☐ joint replacement

Nervous System: ☐ burn/itch/tingle/prickle/numbness in arms,/hands/legs/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

Explanations: (as needed)