Please take some time to answer in detail.

Name, Address, Date, Contact info, etc.

Telephone # (day) _____ (eve) _____ Date of Birth _____

1. Have you had Massage Therapy before? **Yes** **No** If yes, was there anything you liked or didn't like?

_____

2. What kind of activities are you able to participate in? _____
   Please give us a general idea of your current day-to-day or week-to-week activities, if any.

_____

3. When were you first diagnosed with cancer? _____ What type of cancer? _____

   Is cancer currently active? _____ Where was/is it located? _____

4. Are you being treated now? **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, please have your physician complete the MD permission form.

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

6. Current ***medications*** (for cancer or other condition) not described above:

7. Did your treatment include any removal or radiation of lymph nodes? ***(If yes, please describe where)***

_____

8. Did your treatment include radiation therapy? ***(If yes, please describe where)***

_____

9. 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 ***(circle)***
____ a tumor site ____ radiation site ____ neuropathy
____ bone or spine metastasis ____ fracture history
____ area of infection ____ history/risk of blood clot
____ other ***(please describe below)***

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

____ history or risk of lymphedema ***(circle which)***
____ 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 below)***