## Oncology Massage Therapy

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

____ incision ____ medication ____ ostomy ____ tumor site ____difficulty breathing ____ tender skin
____ swelling or risk of swelling (any body area need elevating?) ***please describe*** _____
____ medical devices ***please describe*** _____
____ discomfort ***please describe*** _____

12. Has cancer or cancer treatment affected any of the following functions in your body? ***(circle current issues)***

____ Lungs ____ Liver ___ Nervous system ____Heart ___ Kidney
____ Blood counts ____ Energy Level

***(circle any that you are currently experiencing and describe*** _____***)***

***General Signs and Symptoms***

| ***Check "yes" and add comments if you have or have had any of the following:*** | ***Yes*** | ***No*** | ***Comments*** |
|---|---|---|---|
| 13. Any ***swelling*** or ***tendency to swell*** anywhere in your body? | | | |
| 14. Any sites of ***pain*** or ***tenderness*** anywhere in your body? | | | |
| 15. Any sites of ***numbness*** or ***reduced sensation*** anywhere in your body? | | | |
| 16. Any areas of ***inflammation***? | | | |

***Other Medical Conditions***

| ***Check "yes" and comments if you have or have had any of the following:*** | ***Yes*** | ***No*** | ***Comments*** |
|---|---|---|---|
| 17. ***Skin conditions*** *(rashes, infections, itching)* | | | |
| 18. 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)* | | | |
| 19. ***Cardiovascular conditions*** *(History of heart condition, high blood pressure, angina, hardening of the arteries, stroke, varicose veins, blood clots)* | | | |
| 20. ***Liver or Kidney conditions*** *(for example: kidney failure, hepatitis, portal hypertension, etc.)* | | | |
| 21. ***Respiratory or Lung conditions*** | | | |
| 22. ***Diabetes*** *(describe type, any medication, whether blood sugar is well-controlled, any complications.)* | | | |
| 23. ***Injuries*** *(any back, neck, hip or knee problems, tendonitis, disc injuries, recent fractures)* | | | |
| 24. ***Arthritis or Joint problems*** | | | |
| 25. ***Digestive problems*** | | | |
| 26. ***Surgery*** | | | |