

**Circle of Wellness  
Oncology Massage Patient Intake Form**



Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ DOB: \_\_\_\_\_ Doctor: \_\_\_\_\_

<p>Type of cancer and location: _____</p> <p>Date of Diagnosis: _____</p> <p>Are you being treated now? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>When did you start treatment? _____</p> <p>If applicable, when did you finish treatment? _____</p> <p>Have you ever had a massage? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you had a massage since your diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Which of the following treatments have you received?</p> <p><input type="checkbox"/> Chemotherapy <input type="checkbox"/> Other drug treatments</p> <p><input type="checkbox"/> Radiation <input type="checkbox"/> Surgery <input type="checkbox"/> Reconstruction</p> <p>Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you experience hot flashes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you feel nauseated? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you feel fatigued? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Pressure-related side effects (check all that apply).</b></p> <p><input type="checkbox"/> Easy bruising / low platelets</p> <p><input type="checkbox"/> Areas of fragile / sensitive skin _____</p> <p><input type="checkbox"/> Fatigue</p> <p><input type="checkbox"/> Low white count (neutropenia)</p> <p><input type="checkbox"/> Recent history of blood clots</p> <p><input type="checkbox"/> Lymph node removal _____</p> <p><input type="checkbox"/> Radiation to neck, aux area or pelvis</p> <p><input type="checkbox"/> Edema _____</p> <p><input type="checkbox"/> Bone fragility _____</p> <p><input type="checkbox"/> Metastases _____</p> <p><input type="checkbox"/> Neuropathy _____</p> <p><input type="checkbox"/> Other _____</p> <p><b>Site-related side effects (check all that apply).</b></p> <p><input type="checkbox"/> Pain or discomfort _____</p> <p><input type="checkbox"/> Medical devices _____</p> <p><input type="checkbox"/> Skin concerns _____</p> <p><input type="checkbox"/> Radiation burn _____</p> <p><input type="checkbox"/> Recent history of blood clots</p> <p><input type="checkbox"/> Calf tenderness _____</p> <p><input type="checkbox"/> Tumor _____</p>	<p><input type="checkbox"/> Bone metastasis or history of fractures</p> <p><input type="checkbox"/> Incisions _____</p> <p><b>Positioning adjustments (Check all that apply).</b></p> <p><input type="checkbox"/> Pain or discomfort _____</p> <p><input type="checkbox"/> Nausea / Anxiety / SOB (shortness of breath).</p> <p><input type="checkbox"/> Tumor _____</p> <p><input type="checkbox"/> Medical devices _____</p> <p><input type="checkbox"/> Incisions _____</p> <p><input type="checkbox"/> Radiation burn _____</p> <p>Receiving an Oncology Massage It is important to consult with your medical team before receiving bodywork. Prior to program participation. Circle of Wellness clients should have their physician's signed approval. Please ensure you have the correct form pre-approved prior to program participation. Call Circle of Wellness if you have any questions.</p> <p>Oncology Massage is a specialized and therapeutic massage session, tailored for the person in cancer treatment or recovery.</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Unlike many other massage modalities, oncology massage is not a series of techniques or applied protocols. Rather, it is the therapist's ability to identify and work within a framework of clinical considerations in order to make the bodywork adjustments that may be required as a result of any positioning, pressure or site considerations, i.e. medical devices, treatment related side effects from medication, chemotherapy, radiation or surgery, and the required massage stroke direction modifications if lymph nodes were compromised during treatment.

For each patient, positioning, pressure or site considerations are different, and during treatment can change from day to day.

Your oncology-trained massage therapist will customize your bodywork service to address your individual needs, and will regularly check in with you to assess your level of comfort and make any requested bodywork adjustments.

Even in the years after recovery, there may be special considerations that need to be taken into account during your bodywork service. Always request an oncology-trained massage therapist.

### **During Your Oncology Massage**

Your therapist will ask you questions to determine what site, positioning, and pressure adjustments you require, and clarify which areas you would specifically

like attention paid to and which not. Many patients are most comfortable positioned lying on their back and a massage can be provided while remaining in this position.

Most bodywork services are enjoyed while modestly draped and without clothing, however, fully clothed bodywork is easily accommodated. Your personal level of comfort is of primary importance.

### **Circle of Wellness Special Requirements**

- Please ensure you completely fill out your paperwork and submit it before beginning your massage.
- Wear comfortable clothing and dress in layers
- No perfume please
- Please arrive on time. If you are running late or need to cancel, please call.

### **Program Time Line**

- Arrive a few minutes ahead of time to update any necessary intake paperwork.
- Patient/Therapist intake review
- Enjoy massage

### **Release of Liability**

I understand that it is my responsibility to consult my physician regarding questions included on the Oncology Massage Patient Intake Form, and any other considerations pertaining to my current medical status that may affect delivery of this service.

I further confirm that my answers are complete and correct, and that I have not withheld any information that may be relevant to this service.

I release Circle of Wellness and cancer center or medical center hosting Circle of Wellness, its management, employees, contractors, volunteers, and all of its agents from any and all liability, foreseeable or not, now and in the future.

I acknowledge, accept and understand all of the above.

---

Patient Name

---

Signature

Date