

# MAE MASSAGE

## ONCOLOGY MESSAGE INTAKE FORM

(This form must be completed in addition to the standard Mae Massage client intake form.)

Name \_\_\_\_\_ Date \_\_\_\_\_

Type of cancer \_\_\_\_\_ Date of diagnosis \_\_\_\_\_

Status of cancer \_\_\_\_\_

What oncology treatments have you had? (*if applicable please give date and location*):

Surgery \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Radiation - location of entry and exit sites? \_\_\_\_\_

\_\_\_\_\_

Chemotherapy \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you had any lymph nodes removed or radiated? \_\_\_\_\_ Where? \_\_\_\_\_

Other Treatments?

\_\_\_\_\_

Are you experiencing any reactions or side effects from the treatments? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any of the following? (Please explain below)

fatigue     incisions     skin conditions     nausea     bruising     blood clots

medical devices (such as a port)     positions that you cannot lie in or are uncomfortable

neuropathy     other \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Is there anything else about your condition we should know about?

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Is there anything that we will be able to do for you to make your massage experience more comfortable, relaxing, and enjoyable?

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By signing below:

I understand that my massage therapist may be trained and experienced in oncology massage and may have to deny certain requests that would make the session unsafe for my current condition.

I hereby voluntarily release Mae Massage, and any of its' therapists from any liability should my condition be aggravated or reoccur at any time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for choosing Mae Massage for your massage needs. I look forward to providing you with a relaxing, nurturing, and soothing massage experience.

– Amanda Mae Ward, CMT; Oncology Massage Therapist