



elements[®]
therapeutic massage

ONCOLOGY MASSAGE INTAKE FORM

(This form must be completed, in addition to the standard elements intake form.)

Name _____ Date _____

Type of cancer _____

Date of diagnosis _____ Status of cancer _____

Type of Treatment (if applicable please give date and location):

Surgery _____

Radiation - location of entry and exit sites? _____

Chemotherapy _____

Have you had any lymph nodes removed? Where? _____

Other _____

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

Explanation: _____



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

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

By signing below:

- I have provided a doctor's authorization to receive a massage, if I am still receiving treatment or under a doctor's care for this condition.
- I understand that my massage therapist may or may not be trained and/or experienced in oncology massage.
- I hereby voluntarily release elements therapeutic massage, inc., and any of its' subsidiaries, franchises, and therapists from any liability should my condition be aggravated or reoccur at any time.

Signature: _____ Date: _____

Thank you for choosing elements therapeutic massage for your massage needs. We look forward to providing you with a relaxing, nurturing, and soothing massage experience.