BAMBOO BLISS

1655 Mansell Rd. Suite 231G
Alpharetta, GA 30009
678.699.4117
www.bamboobliss.me
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Oncology Massage Intake Form *(Must accompany a complete health history)*

Name _____ Today's Date _____

When were you diagnosed? _____ Who is your oncologist? _____

What type of cancer? _____ Date of last visit? _____

Where was it located? _____ How often do you see your oncologist? _____

What is the present status of your cancer? _____

Sugery/Procedure: Type _____ Date _____

Lymph nodes removed: Number _____ Where _____

Reconstruction: Date(s)/Procedure(s) _____

Side Effects: _____

Chemotherapy

No. of Treatments _____ Beginning Date _____ End Date _____

No. of Treatments _____ Beginning Date _____ End Date _____

No. of Treatments _____ Beginning Date _____ End Date _____

Side Effects: _____

Radiation

No. of Treatments _____ Beginning Date _____ End Date _____

Area of Treatment _____ Nodes Irradiated in the neck, armpit or groin? ○ Yes ○ No

No. of Treatments _____ Beginning Date _____ End Date _____

Area of Treatment _____ Nodes Irradiated in the neck, armpit or groin? ○ Yes ○ No

Side Effects: _____

Other

Please list any other treatment or medications

_____

Has any doctor said anything to you about lymphedema? ○ Yes ○ No bone metasteses? ○ Yes ○ No

Medical Devices: ☐ IV Catheter ☐ Port ☐ Breast Expander ☐ Breast Prosthesis ☐ Urinary Catheter
☐ Ostomy ☐ Feeding Tube (PEG) ☐ Other _____

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Name

Side Effects

☐ Check here if explanation(s) below

GI Conditions	Current	Past
nausea	☐	☐
vomiting	☐	☐
low appetite	☐	☐
mouth sores	☐	☐
wt. loss	☐	☐
wt. gain	☐	☐
diarrhea	☐	☐
constipation	☐	☐
Musculoskeletal		
Osteoporosis	☐	☐
bone pain	☐	☐
adhesions	☐	☐
incisions	☐	☐
headache	☐	☐
touch/pressure	☐	☐
sensitivity	☐	☐
decreased range of motion or function	☐	☐
pain	☐	☐
former injuries	☐	☐
fractures	☐	☐
joint problems	☐	☐
joint replacement	☐	☐
Skin		
skin infection	☐	☐
dry skin	☐	☐
fragile skin	☐	☐
skin irritation	☐	☐
radiation skin reaction	☐	☐
hair loss	☐	☐

Nervous System	Current	Past
burn/itch/tingle/prickle/numb in arms/hands/legs/feet	☐	☐
memory problems	☐	☐
Circulatory/Blood		
edema	☐	☐
easy bruising	☐	☐
low platelet	☐	☐
low white count	☐	☐
blood clot	☐	☐
excessively cold/warm	☐	☐
lymphedema	☐	☐
heart condition	☐	☐
high blood pressure	☐	☐
lung condition	☐	☐
General		
fatigue	☐	☐
depression	☐	☐
anxiety	☐	☐
allergies	☐	☐
systemic infection	☐	☐
infectious condition	☐	☐

Explanations (as needed)

Current Medications

Drug Name	Purpose	Side Effects