MONROE THERAPEUTIC MASSAGE

CONFIDENTIAL CANCER PATIENT QUESTIONNAIRE

Date today: _____

7/12

◆ *Your answers to the questions on this form are essential to a safe, effective massage therapy session.* ◆
Please take some time to answer in detail.

Name _____ Date of birth _____/_____/_____

1. Have you received massage before? **Yes** **No** If yes, was there anything you liked or didn't like?

_____

2. What kind of activities are you able to participate in? _____
Please give us a general idea of your current day-to-day or week-to-week activities, if any:

_____

3. When were you first diagnosed with cancer? _____ What type of cancer? _____
Is cancer currently active? _____ Where was/is it located? _____

4. Are you receiving **chemo** now? **Yes** **No** If no, what was the date of your last treatment? _____
Are you receiving **radiation** now? **Yes** **No** If no, what was the date of your last treatment? _____
NOTE: You must have a current Rx from your MD for massage.

5. What ***treatments*** have you undergone, when? ***Please list dates and types of surgery and other treatments.***

_____

6. Current ***medications*** (for cancer or other conditions) not described above:

_____

7. Did your treatment include any removal or radiation of lymph nodes? ***(If yes, please describe where)***

_____

8. Did your treatment include radiation therapy? ***(If yes, please describe where)***

_____

9. Do you have any **site restrictions** due to:
____ incisions, open wounds, drains or dressings
____ skin sensitivity, rash or skin condition
____ IV, port, ostomy, catheter, or other devise ***(circle)***
____ a tumor site ____ radiation site ____ neuropathy
____ bone or spine metastasis ____ fracture history
____ area of infection ____ history/risk of blood clot
____ other ***(please describe below)***

10. Do you have any **pressure restrictions** due now:
____ history or risk of lymphedema ***(circle which)***
____ anticoagulants ____ low platelet count
____ bone or spine metastasis ____ steroid med
____ fragile/sensitive skin ____ fragile veins
____ area of pain or burning ____ fatigue
____ recent surgery ____ infection or fever
____ other ***(please describe below)***

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11. Do you have any ***position restrictions*** due to: ***(check all that apply)***

____ incisions ____ 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? ***(check current issues)***

____ Lungs ____ Liver ____ Nervous system ____ Kidney

____ Blood counts ____ Energy level ____ Heart

Describe any you are currently experiencing _____

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 add comments if you have or have had any of the following:	*Yes*	*No*	Comments
17.	S***kin 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***			