



Print Client name: _____.

When used as a form of adjunctive health care, some of the possible benefits during cancer treatment are:

1. Reduction of stress and promotion of relaxation through physical nurturance and emotional support
2. Increased blood and lymph circulation, and support for the immune system
3. Facilitation of respiratory, gastrointestinal, hormonal, and other physiological processes
4. Reduction of musculoskeletal strain and pain, especially in the back and neck
5. Facilitation of the removal of toxins from the body, including edema
6. Restoration of energy by minimizing the side effects of radiation and chemotherapy treatments including fatigue, nausea, joint pain, and anxiety
7. Enhancement of body awareness and encouragement to direct energy toward healing
8. Facilitation of the functional formation of scar tissue around surgical areas, and
9. Improvement in quality and appearance of skin
10. Acceptance of a new body image after surgery and/or during treatment

Potential complications of massage during cancer treatment and conditions which would contraindicate massage therapy (unless a physicians release is received):

1. Metastasis (spread) of cancer cells from one area of the body to another before and during active treatment
2. Bruising of body structures due to low platelet counts
3. Displacement of catheter
4. Aggravation of irritated skin
5. Increase in nausea, fatigue or swelling

I, the client, understand that the massage therapy provided by Dynamic Touch Massage is intended to achieve the above mentioned benefits, and offer a positive experience of touch. I also recognize the risks involved. Any other intended purposes for massage therapy not listed above are specified below:

The general benefits of massage, possible risks and contraindications, and the treatment procedure have been explained to me. I choose to accept massage therapy because I have evaluated my situation and consulted with my Primary Caregiver where I thought it necessary, and I have decided that the potential benefits outweigh the risks. I understand that massage is not a substitute for medical treatment or medication, and that it is recommended that I concurrently work with my Primary Caregiver for any condition I may have. I am aware that the massage therapist does not diagnose illness or disease, does not prescribe medication, and that spinal manipulations are not part of massage therapy. I have informed the therapist of all my known physical conditions and medications, and it is my responsibility to keep the therapist informed of any changes. Should the therapist deem it necessary, I hereby give the therapist permission to contact my Primary Caregiver to discuss my medical situation with the intention of obtaining a release for medical treatment.

Client Signature _____ Date _____ Parent/Gardian _____



Print Name _____ Date _____

What discomforts, pain or other needs are you hoping to have addressed through massage therapy?

List the Name and Phone of your Primary Caregiver: _____

Is your body temperature usually: Hot Cold Neutral

Are you comfortable lying: On Left Side On Right Side On your Back
 Slightly sitting up (as in bed) On your stomach

Do you currently have any infections or problems? Cold/Flu Infection Skin Irritation
List Other _____

When were you diagnosed with cancer? _____

What stage is your cancer now? Unknown One Two Three Four Remission

What body structures have or are suspected to have cancer involvement at this time?
 Brain Esophagus Lungs Heart Bones Liver Stomach
 Pancreas Gallbladder Colon Prostate Testes Skin Small Intestine
 Cervix Breast Ovary Uterus Lymph
Other _____

What type of treatment are you going through now (or within the last 3 months)?
 Chemotherapy Radiation Blood Transfusion Hormone Therapy
 Surgery Sentinel Node Biopsy

What type of treatment have you had in the past? _____

What are the side effects of these treatments? _____

Do you have any areas that should be avoided, such as catheters, tumors, or radiation burns? _____

Do you have Lymphedema or symptoms of Lymphedema? Yes No

Is there any other relevant information about you that I should know? _____
