

Client Medical History Form

Health Fund: _____

Name: _____ DOB: _____

Address: _____ P/C: _____

Home: _____ Work: _____ Mobile: _____

Occupation: _____

GP: _____ Phone: _____

Address: _____

Type of cancer and location: _____

Date of diagnosis: _____

Rx received and to what areas of the body?

Y N **Surgery:** _____

Y N **Chemotherapy:** _____

Y N **Radiotherapy:** _____

Are you receiving Rx other than Medical as described above?

If yes, what type of treatment? _____

If no, when did you finish your treatment/s? _____

Pressure Related Considerations

Y N Fatigue _____

Y N Easy bruising (low platelets) _____

Y N Neutropenia (low white count) _____

Y N Neuropathy in the hands and/or feet _____

Y N Lymph node removal in the Axilla, Neck or Groin _____

Y N Oedema or Lymphoedema _____

Y N Bone density loss _____

Y N Central line in situ _____

Y N Other _____

Site Related Considerations

- | | |
|---|---|
| <input type="checkbox"/> Pain or Discomfort | <input type="checkbox"/> Other medical devices |
| <input type="checkbox"/> Incisions | <input type="checkbox"/> Tumour |
| <input type="checkbox"/> Area that feels unusually warm | <input type="checkbox"/> Recent Hx of Blood Clots |
| <input type="checkbox"/> Skin Problems | <input type="checkbox"/> Other |

Other Significant Medical History (Surgeries, Diabetes, Blood Pressure, Viral Infections etc)

Positioning Adjustments:

I understand that:

there is a possibility of slight bruising, depending on the type of therapeutic massage undertaken. There may be one – two days of musculature discomfort after the therapeutic massage/reflexology/reiki treatment as the muscles adjust to their new status. Please drink at least two litres of water per day for optimal health and to also flush the toxins from the body that are released during the therapeutic massage/reflexology/reiki treatment. If the toxins are not released through elimination then headaches and nausea may be present for several days.

Confidentiality is respected and at no time is any information received from the client during the therapeutic massage/reflexology/reiki session given to any other person, except with express permission from the client.

Therapeutic treatments are given with all due care and practiced with professionalism in a responsible manner by _____

Signature: _____ Date: _____

(Print name): _____