

Metta Oncology Massage

Name _____ | **Cancer History (Page 1 of 1)** | Today's date (v2.2) _____

When were you diagnosed? _____ What type of cancer? _____

Where was it located? _____ What is the present status of your cancer? _____

Who is your oncologist? _____ Date of last visit? _____

Surgery: Date/ Procedure: _____ Biopsy Results: _____

Lymph nodes removed: Number _____ Where: _____ Biopsy Results: Pos _____ Neg _____

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

Chemotherapy: Number of Treatments: _____ Agent: _____ Begin Date: _____ End: _____

Number of Treatments: _____ Agent: _____ Begin Date: _____ End: _____

Number of Treatments: _____ Agent: _____ Begin Date: _____ End: _____

Radiation: Number of Treatments: _____ Nodes Irradiated::: _____ Begin Date: _____ End: _____

Number of Treatments: _____ Nodes Irradiated::: _____ Begin Date: _____ End: _____

Other: - Please list any other treatments or medications:

Has any doctor said anything to you about lymphedema _____, bone metastasis _____

Do you have phantom pain _____ Numbness, hypersensitivity or sensations with no obvious cause? _____

Medical Devices: IV port central line breast expander(s) breast prosthesis(es)

urinary catheter col/iliostomy feeding tube (PEG) Other _____

Side Effects: (Circle) current conditions. Underline past conditions Check here if explanation on reverse.

nausea vomiting low appetite mouth sores weight loss weight gain diarrhea constipation altered taste/smell

burn/itch/tingle/prickle/numbness in arms,/hands/legs/feet other nerve effects fatigue depression anxiety hair loss

chemo-brain voice change headache rhinitis bone pain feel cold skin infections dry skin fragile skin skin irritation

touch/pressure sensitivity radiation skin reaction decreased function or range of motion edema lymphedema

adhesions easy bruising osteoporosis incision current tumor enlarged nodes/spleen/liver blood clot phantom pain

bone metastasis or fracture low platelets low white count anticoagulants steroids radioactivity other _____

This information accompanies a complete medical history.

*May you be at peace. May your heart remain open. May you awaken to the light of your own true nature.
May you be healed. May you be a source of healing to all beings The metta of the Buddha*