# True Alchemy

# Oncology Support Health Provider Form

**Please have your health care provider fill out the following information prior to your appointment at True Alchemy.**. In an effort to provide a safe and effective massage therapy session, please provide the following information.

| Patient Name: | Date: |
|---|---|
| Type of Cancer: | Area of Body: |
| Treating Physician: | Hospital or Clinic: |
| Physician's Phone: | Hospital: |

Has the patient's condition been treated surgically? Yes _____No _____

If yes, date: Location of surgery:

Were any lymph nodes removed: Yes _____No_____

If Yes, from what part of the body?

Does the patient have lymphedema or is there a risk for lymphedema in any area: Yes_____ No _____ If

Yes, where:

Is the patient receiving radiation therapy: Yes _____No _____

Is the patient receiving chemotherapy: Yes _____No _____

If yes, what side effects does the patient have as a result of these treatments?

_____

Do any of the treatments or medications that the patient has received affect his or her ability to receive massage therapy? Yes _____No _____

If yes, what are these considerations?

_____

_____

Is the patient at risk for blood clots: Yes _____No ____

Is there any bone metastasis present: Yes _____No ____

If yes, in what part of the body?

_____Are there any special instructions for the massage therapist?

_____

_____

_____

_____

_____

Sunshine Bodyworks provides free massage therapy services to patients with a cancer diagnosis. The intention of this service is to reduce anxiety, alleviate the sensation of alienation, reduce pain and restore some semblance of quality of life to the patient. Massage sessions are adjusted around the contraindications, needs, symptoms and effects that a client may experience. Your suggestions and approval for massage are an important part of this process for both the patient and therapist. If you have any other concerns or suggestions, we welcome your thoughts.

Thank you.

| Physicians Signature: | Date: |
|---|---|
| Printed Name: | |