

SECTION 4 - SKIN CONCERNS

What skin issues are you experiencing?

Dryness Sensitivity Breakouts Rash Thinning
Ripping Discoloration Peeling Itchy

No Yes Experiencing Hair Loss?
No Yes Wearing A Wig?
No Yes Any finger / toenail issues? Explain: _____
No Yes Experiencing Neuropathy? Hands Feet
No Yes Hand / Foot Syndrome? (Home Care: no heat/friction)

SECTION 5 - SKIN CARE PRODUCTS

Please tell us how you are currently caring for your skin and what products you are using:

SECTION 6 - MASSAGE INFORMATION

No Yes Have you ever received professional massage/bodywork before?
How recently? _____

What types of massage/bodywork do you prefer? _____

What type of pressure do you prefer? Light Medium Firm

What are your goals/expected outcomes for receiving massage/bodywork? _____

How do you feel today? _____

List and prioritize your current symptoms/issues (*Stress, Pain, Stiffness, Numbness/Tingling, Swelling, etc.*):

No Yes Do these symptoms interfere with your activities of daily living? (*e.g., Sleep, Exercise, Work, Childcare*)
Explain: _____

List the medications you currently take: _____

No Yes Are you wearing contact lenses? No Yes Are you wearing dentures?
No Yes Are you wearing a hairpiece? No Yes Are you pregnant?
No Yes Do you have a Pacemaker or Stent? No Yes Are you wearing hearing aids?
No Yes Are you able to drive?

SECTION 7 - ROOM PREP

- No Yes Shortness of Breath? (Elevate head of the bed)
- No Yes Loss of Balance? (Offer assistance on and off the bed)
- No Yes Chills? (Use bed warmer and offer extra blanket)
- No Yes Claustrophobia? (If yes, do not cover face with towels, use sponge or 4x4s)
- No Yes Nausea? (If yes, be sure to have bucket placed near by)
- No Yes Fatigue? (If yes, calm, slow, quiet treatment)

SECTION 8 - CONCERNS OR NEEDS

Anything your Doctor has asked you to avoid? _____

Top 3 Concerns or Needs?

1. _____

2. _____

3. _____

SECTION 9 - CONSENT FOR TREATMENT

I acknowledge that all the information provided by me is true and correct to the best of my knowledge and that I must wait 48 hours before or after a chemotherapy infusion for treatment. I also understand that due to my medical history, cancer therapy and medication that some skin conditions may require more than one treatment to achieve the desired results. I understand that in order to achieve certain results, I will need to discontinue the use of home care products containing ingredients that are too strong or aggressively drying at this time. These will be discussed between you and your Esthetician.

Signature: _____ Date: _____
 Esthetician Signature: _____ Date: _____